Nomination Form – Teaching Excellence Award



| | | xcellence Award (K-4) | |
|--------------------------------------|--------------------------|---|-------------------|
| (Check one box only) | _ | Excellence Award (5-8) Excellence Award (912) | |
| Nominee: | _ Semor rears reaching r | Executive riward (712) | |
| Dr. Mr. Mrs. Ms. Miss | | | |
| given name(s) | | surname | |
| Manitoba teaching certificate # | | Grade level(s) | |
| School | Division _ | | |
| Address | | | |
| City/town | | Postal code | |
| Phone | Fax | | |
| E-mail address | | | |
| Nominator: | | | |
| Dr. Mr. Mrs. Ms. Miss | | | |
| given name(s) School* | | surname | |
| *if applicable Address | | | |
| City/town | | Postal code | |
| Phone | Fax | | |
| E-mail address | | | |
| Signature | | Date | |
| We, the undersigned, endorse the non | ination of | | _ for this award. |
| Name Sign | uture | Date | |
| Name Sign | uture | Date | |

NOMINATION DEADLINE: DECEMBER 15, 2006

Mailing address:

Selection Committee Manitoba's Celebration of Excellence in Teaching – Minister's Awards Room 509 1181 Portage Avenue Winnipeg, MB R3G 0T3 To request a nomination package, please contact:

Sandra Drzystek

Telephone: (204) 945-6916 Fax: (204) 945-1625

Toll Free: 1-800-282-8069 ext. 6916

E-mail: sdrzystek@gov.mb.ca

or visit: www.edu.gov.mb.ca/k12/proflearn/index.html

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