

WDTSEA TEACHER OF THE YEAR NOMINATION FORM

Date: _____

Name of Candidate: _____ Phone # _____

Place of employment _____ # of year's _____

City _____ Zip _____

Title or Position held at this time: _____

Number of years that nominee has taught Driver Education: _____

Is this person a member of WDTSEA? _____

Why do you feel this individual is a candidate for WDTSEA "Teacher of the Year?"

List any special techniques, methods or materials this candidate has developed for use in the Driver Education Classroom or Behind the Wheel instruction.

*Person nominating this individual: _____

**Your phone # _____ Your email - _____

Please email your nomination form to Kevin Kirby @
kirbykev@rhinelander.k12.wi.us