

**MATHEMATICS TEACHER OF THE YEAR AWARD  
Nomination Form (to be completed by principal)**

**SCHOOL INFORMATION**

**Name of school:** \_\_\_\_\_ **Region:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Tel.:** \_\_\_\_\_

**NOMINEE INFORMATION**

**Name of Nominee:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Tel.:** \_\_\_\_\_

**Grade (s) Assigned:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Qualifications (tick all that apply)**

- |                                      |   |
|--------------------------------------|---|
| • Certificate in Education [ ]       | • Master's in education [ ]             |
| • Diploma in education [ ]           | • Doctor of Philosophy in education [ ] |
| • Bachelor's degree in education [ ] | • Other: _____                          |

**Indicate the level of involvement of the nominee in each of the following activities (omit those that do not apply):**

1. Mathematics club

**Started the club** [ ]                      **Supports the club** [ ]

**Coordinates the club** [ ]                      **Not involved in the club** [ ]

2. Mathematics competition

**Started the competition** [ ]                      **Organises competition** [ ]

**Participates in the competition** [ ]                      **Not Involved with competition** [ ]

3. Mathematics fair

**Conceptualised the fair** [ ]                      **Organises fair** [ ]

**Involved with fair** [ ]                      **Not Involved with fair** [ ]

4. School's end of term/year mathematics assessment activities

**Develops or vets mathematics assessment instruments for other teachers** [ ]

**Contributes items to a mathematics assessment instrument** [ ]

**Develops mathematics assessment instruments for their class only** [ ]

**Does not participate in the mathematics assessment process** [ ]

**Tick yes or no for each of the following items**

1. Nominee is a member of mathematics professional development group (for example NCTM)

**YES** [ ]                      **NO** [ ]

2. Nominee is certified by the Jamaica Teaching Council as a trainer of trainers/trainer of teachers for mathematics

**YES** [ ]                      **NO** [ ]

3. Nominee regularly participates in curriculum and assessment review activities hosted by the Ministry of Education

**YES** [ ]                      **NO** [ ]

**For each item in the table below, tick the appropriate response**

ITEMS	Always	Usually	Seldom	Never
<b>PROFESSIONALISM</b>				
1. Nominee honours deadlines for submission of reports, lesson plans, etc.				
2. Nominee shows due regard for working hours				
3. Nominee's attendance rate is acceptable				
4. Nominee attends school functions (P.T.A. meetings, graduations etc.) and participates in extracurricular activities				
5. Nominee keeps accurate and current records of their students.				
<b>SOCIAL/PERSONAL SKILLS</b>				
1. Nominee shows respect for colleagues and supervisors				
2. Nominee is willing to support his/her colleagues in the delivery of the curriculum by				
a. assisting in lesson planning,				
b. teaching difficult topics,				
c. assuming the responsibilities of an absent colleague				
3. Nominee is poised and articulate				
<b>TEACHER STUDENT INTERACTION</b>				
1. Nominee makes him/herself available to assist students outside of designated class times				
2. Students feel comfortable to ask questions and explore topics in nominee's class				
3. Students speak highly of nominee				
4. Nominee inspires students to learn				
5. Nominee, through their own enthusiasm, fosters in students a love/appreciation for mathematics				
<b>PEDAGOGY</b>				
1. Nominee's philosophy of education is in keeping with that of the school and the Ministry of Education				
2. Nominee keeps up-to-date on current trends/effective practices in Mathematics Education				
3. Nominee uses novel instructional methods/approaches				
4. Nominee incorporates, and effectively uses manipulatives/technology in mathematics lessons				
5. Nominee has a proven track record for success				

Nominee's Name

Nominee's Signature

Date

Principal's Name

Principal's Signature

Date

Education Officer's Name

Education Officer's Signature

Date