

TEACHER OF THE YEAR AWARDS FROM ONE LANGUAGE ORGANIZATION FOR EACH CATEGORY	
NAME OF ORGANIZATION	
PRESIDENT	
PRESIDENT'S EMAIL	
PRESIDENT'S PHONE	
DATE SUBMITTED	
PERSON SUBMITTING THIS FORM	
RISING STAR	FULL NAME : _____ SCHOOL: _____ EMAIL: _____ PHONE: _____ YEARS OF TEACHING EXPERIENCE: _____ <small>(DOES NOT SUBMIT PORTFOLIO AND WILL RECEIVE A FRAMED CERTIFICATE FROM IFLTA)</small>
K-8	FULL NAME : _____ SCHOOL: _____ EMAIL: _____ PHONE: _____ YEARS OF TEACHING EXPERIENCE: _____ WILL SUBMIT PORTFOLIO FOR IFLTA TEACHER OF YEAR: YES _____ NO: _____
SECONDARY	FULL NAME : _____ SCHOOL: _____ EMAIL: _____ PHONE: _____ YEARS OF TEACHING EXPERIENCE: _____ WILL SUBMIT PORTFOLIO FOR IFLTA TEACHER OF YEAR: YES _____ NO: _____
COLLEGIATE	FULL NAME : _____ SCHOOL: _____ EMAIL: _____ PHONE: _____ YEARS OF TEACHING EXPERIENCE: _____ WILL SUBMIT PORTFOLIO FOR IFLTA TEACHER OF YEAR: YES _____ NO: _____