**LEWISTON SCHOOL DISTRICT**

 **2019‑2020 TEACHER OF THE YEAR**

 ***NOMINATION FORM***

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

**Current Position**: School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade/Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tell why this nominee deserves to be named as the Lewiston School District Teacher of the Year for 2019-2020.** (Attach additional sheets if necessary.)

**Person Making Nomination:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Will be kept confidential)

**Deadline:** Please return to **Human Resources Office** at Central Services by **Friday, March 22, 2019.**