



2019 SUBSTITUTE TEACHER OF THE YEAR AWARD

Name of substitute teacher
being nominated

What makes this person an outstanding substitute
teacher?

Nominated by:

Name

Phone

School/Department

How long have you known
the nominee?

What is your relationship
to the nominee?

Supervisor Peer
 Co-worker Other
 Student Parent

Signed _____ Date _____

Please return completed form by July 12, 2019 to:
Michele Jones
Robinson Education Center
2031 Poyntz Ave.
Manhattan, KS 66502
michelej@usd383.org