



# 2019 BOB SRACK EXCELLENCE IN TEACHING NOMINATION

**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

Name of teacher being  
nominated

---

Building

---

Grade/Subject

---



**What makes this teacher exceptional?**

**How does this teacher meet the needs of all students?**



**Tell us about the creativity of this teacher. How do they keep students engaged in learning? What makes their classroom a special place to learn?**

**How does this teacher inspire students? How does this teacher inspire others in the school?**



Give us one word that describes this teacher.

Any additional information to add?

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](mailto:michelej@usd383.org)