AAFCS
AMERICAN ASSOCIATION OF FAMILY & CONSUMER SCIENCES

CONNECTICUT AFFILIATE

TEACHER OF THE YEAR NOMINATION FORM

1. Nominee: _____

2. Home Address:

   _____

   _____

   _____

3. Telephone: Home: _____ School: _____

4. AAFCS Membership Number: _____

5. Name of School: _____

6. School Address: _____

   _____

   _____

7. Position/Title: _____

8. Grade(s) Taught: _____

9. Title of Nominee's Program: _____

   _____

   _____

10. Program focus Area (check only one):

- ☐ Career Awareness / Job Skill Training
- ☐ Consumer Education / Family Finance
- ☐ Creative Dimensions / Alternative Program Designs
- ☐ Family Life / Personal and Social Development
- ☐ Nutrition Education / Diet and Health

11. Identify colleges/universities you have attended. List the most recent first.

Degree	Major	Institution	Date Received

12. Professional Experience (list most recent first).

Position	Employer	Dates	Function/Responsibilities

13. Professional/Honorary Activities and Affiliations

Organization	Year of membership Positions Held/Honors Received

14. Was this program created by the nominee? _____ Yes _____ No

15. How long has the program been implemented by the nominee? _____

_____

_____

State the primary focus of the program and identify the areas it was designed to address. Briefly identify the goals or objective of the program. What is the group or audience, which will gain from the program? Highlight ways in which the goals have been and are being accomplished.

Nominating person: _____

Position: _____

If other than self, please write a brief statement qualifying your knowledge of the nominee's program and accomplishments.

Address of nominating person: _____

Telephone: Home _____ School _____

Signature: _____

All application must be post marked by March 15th

For help or information, please call: **Stephanie Fians at 203.258.7445**
or **e-mail** stephaniefians@gmail.com

Send Completed Application by March 15th to: **Stephanie Fians**
98A Seminole Lane
Stratford, CT 06614-8149