AATF TEACHER OF THE YEAR AWARD
GEORGIA CHAPTER
NOMINATION FORM

Nominated Teacher: _____

Teaching Level: Elementary School: _____ Middle School: _____
High School: _____ Post-Secondary Institution: _____

Home Address: _____
_____

Home phone: _____ Work Phone: _____

Personal Email: _____ Work Email: _____

Teaching Institution: _____

Address: _____
_____

Name of Immediate Supervisor: _____

Current teaching responsibilities: _____
_____
_____
_____

Length of AATF membership: _____

Length of teaching experience: _____

Letter of recommendation from: 1. _____
2. _____
3. _____

Nominated by: _____

Address: _____

Telephone: _____

Email: _____

The nomination dossier should be submitted electronically no later than December 15 to:
Kathy Porto, AATF TOTY. Email: kathyporto@bellsouth.net