



**MOCK/SAMPLE School-Level
Teacher of the Year Election Ballot
Fall 2016
(Name of School)**

Candidate 1	<input type="checkbox"/>
Candidate 2	<input type="checkbox"/>
Candidate 3	<input type="checkbox"/>
Candidate 4	<input type="checkbox"/>
Candidate 5	<input type="checkbox"/>
Candidate 6	<input type="checkbox"/>
Write In	<input type="checkbox"/>



SCHOOL-LEVEL TEACHER OF THE YEAR
2017 NOTIFICATION FORM to DISTRICT OFFICE

*Note: Please mail this form to Dr. Traci Young Cooper
at Mail Code 634

Name of
School: _____

Name of School-Level Teacher of the Year

*Please also attach the Teacher of the Year's
Applicant Information Form*