



WEM Outstanding Educator Award Nomination Form



To help us contact your nominee, please fill out this form as completely as possible. All licensed teachers and administrators from Minnesota public or non-public schools are eligible.

Your Information:

First Name _____ Last Name _____

School/Organization _____ Email Address _____

I am a . . .

- student
- parent/guardian
- colleague
- community member
- administrator

.....

Nominee Information:

First Name _____ Last Name _____

My nominee is a(n) . . .

- primary teacher
- middle school teacher
- secondary teacher
- administrator

I wish to nominate him/her for:

- Academic Coach of the Year
- Ethics in Education
- Teacher Achievement

School Name _____ District Name _____

School Address _____

City _____ State _____ Zip _____ County _____

Administrator Name _____ Title _____

My reasons for nominating this person . . .

Please submit to:

Center for Academic Excellence
 2075 Lookout Drive
 North Mankato, MN 56003
 Fax: 507-389-1772
 Email: cae@mncae.org