

OAHPERD Teacher of the Year Application for

Adapted, Health, Elementary, Middle, or High School Physical Education

Please save this form and type responses and return to sarahheadrick@dcsok.org as a docx or pdf.

The candidate must be someone who:

1. Has taught a minimum of five years at the school level designated by the award.
2. Serves as a positive role model epitomizing the personal health and fitness, enjoyment of activity, sportsmanship, and sensitivity to the needs of his/her students.
3. Utilizes various teaching methodologies and plans innovative learning experiences.
4. Conducts a balanced and sequential curriculum.
5. Evidences professional commitment through membership and involvement in local, state, and national physical education organizations.
6. If selected, and wishes to be moved on to the district and national competition, is a current member of SHAPE America and NASPE and must attend the SHAPE America District and possibly the National Convention.

~Are you willing to become a member of SHAPE America if you are selected? Yes or No

If yes please fill out the information below. If no please explain why.

Also Attach copies of 3 Letters of Recommendation; one letter from current principal, the other two may be from colleagues, current or former students, parents of current or former students, school district officials, etc.

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Applicant's Name:

**Applicant's Level or Content Area: Elementary (K-5) Middle School (6-8)
Secondary (9-12) Adapted Health (highlight or circle one)**

Present Position/ Title:

Home Address:

Personal Email:

City, State, Zip:

Home Phone:

School Name:

School Fax:

School Address:

School Email:

City, State, Zip:

School Phone:

Supervising Administrator's Name and Title:

Best way to reach you:

Educational Information

College/University

Major

Minor

Bachelor's Degree:

Master's Degree:

Doctoral Degree:

Other:

Career Information:

Position

Location

Length of Service

1.

2.

3.

4.

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Professional Affiliations/Activities:

SHAPE America Membership #:

Expiration Date:

Years of Membership:

SHAPE America /NASPE Activities: (Offices, Committees, articles, etc.):

District SHAPE America: (Offices, Committees, articles, etc.):

OAHPERD Membership:

Expiration Date:

Years of Membership:

OAHPERD Offices/Division and Project Activities including year dates:

Other Professional Affiliations/Activities:

Significant Achievements in the Field of Physical Education:

Community Service: (Type and Dates):

Additional Information:

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Criteria Response

Discuss your qualifications relevant to the following three statements. Use separate sheet for each response. Each response may not exceed one page single-spaced, 12 point font.

1. Conducts a balance and sequential curriculum.
2. Serves as a positive role model epitomizing the personal health and fitness, enjoyment of activity, sportsmanship, and sensitivity to the needs of his/ her students.
3. Utilizes various teaching methodologies and plans innovative learning experiences to meet the needs of all students.