Attachment B, Memo No. 057.19

March 8, 2019

***Virginia Department of Education***

***Department of Teacher Education and Licensure***

***P. O. Box 2120***

***Richmond, Virginia 23218-2120***

# 2020 MARY V. BICOUVARIS VIRGINIA TEACHER OF THE YEAR PROGRAM DATA SHEET APPLICATION

**DUE Date: Friday: May 17, 2019**

**Superintendents’ Region Number:**

## Teacher Information

Teacher’s Name(First, Middle, Last Name):

Nickname (if applicable):

Home Address:

City, State:

Zip Code:

Phone: () -

Work Phone: () -

Email Address:

Virginia Educator License Number:

Teaching Endorsements:

Institution Where Bachelor’s Degree Earned:

Institution Where Master’s Degree Earned:

Other Degree(s) and Institution(s):

## SCHOOL DIVISION AND SCHOOL INFORMATION

School Division:

Name of School:

School Street/Mailing Address:

City, State:

Zip Code:

School Telephone Number: () -

School Fax Number: () -

**School Profile (select one):**

* Urban
* Suburban
* Rural

Number of Students in School Division:

Number of Students in Teacher’s School:

Current Teaching Area:

Grade Level(s):

Total Years of Teaching Experience:

Years in Present Position:

## PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

**Please respond to each of the questions in the chart below. The questions are listed in column one and a response should be noted for each question in columns two or three–either responding “yes” in column two or “no” in column three. If you answer “yes” to any of these questions, please attach a letter of explanation and applicable documentation.**

| Questions | Response (yes) | Response (no) |
| --- | --- | --- |
| 1. Have you ever been convicted of, or entered a plea of guilty or no contest to, a felony? | Yes | No |
| 1. Have you ever been convicted of, or entered a plea of guilty or no contest to, a criminal offense in another country? | Yes | No |
| 1. Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving a child (minor) or a student? | Yes | No |
| 1. Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving drugs (not alcohol)? | Yes | No |
| 1. Have you ever been the subject of a founded complaint of child abuse or neglect by a child protection agency? | Yes | No |
| 1. Have you ever had a teaching, administrator, pupil personnel services, or other education-related certificate or license revoked, suspended, invalidated, cancelled, or denied by another state, territory, or country; surrendered such a license or the right to apply for such a license; or had any other adverse action taken against such a license? **Please note**: This includes a reprimand, warning, or reproval and any order denying the right to apply or reapply for a license. | Yes | No |
| 1. Are you currently the subject of any review, inquiry, investigation, or appeal of alleged misconduct that could warrant discipline or termination by a school division or other education-related employer or an adverse action against a teaching, administrator, pupil personnel services, or other education-related license or certificate? **Please note:** This includes any open investigation by or pending proceeding with a child protection agency and any pending criminal charges. | Yes | No |
| 1. Have you ever left any education- or school-related employment, voluntarily or involuntarily, under any of the following circumstances: (1) while the subject of a review, inquiry, investigation or appeal of alleged misconduct;   (2) when you had reason to believe a review, inquiry, investigation or appeal of alleged misconduct was under way or imminent; or (3) while any administrative or judicial proceeding involving an allegation of misconduct was pending, eligible for appeal, or under appeal? **Please note**: This includes any open investigation by or pending proceeding with a child protection agency and any pending criminal charges. | Yes | No |

## TEACHER CERTIFICATION AND PERMISSION

**By my signature, I certify that the information on this application is accurate and complete, and I possess a current five-year Virginia license. I hereby give my permission that any of the attached materials may be shared with persons interested in promoting the Mary V. Bicouvaris Virginia Teacher of the Year Program.**

Signature of **Teacher**:

Date of Signature:

Name of Teacher:

## PRINCIPAL recommendation

**By my signature, I recommend this teacher to be considered for the Mary V. Bicouvaris Virginia Teacher of the Year Program.**

Signature of **Principal**:

Date of Signature:

Name of Principal:

School:

## SUPERINTENDENT RECOMMENDATION

**By my signature, I recommend this teacher to be considered for the Mary V. Bicouvaris Virginia Teacher of the Year Program.**

Signature of **Superintendent**:

Date of Signature:

Name of Superintendent:

School Division:

## CENTRAL OFFICE CONTACT FOR TEACHER OF THE YEAR PROGRAM

Name of Division Contact:

Division:

Division Address:

City, State:

Zip Code:

Phone: (     )      -

School Fax Number: (     )      -

Email Address: