

Virginia Department of Education
2025 MARY V. BICOUVARIS
VIRGINIA TEACHER OF THE YEAR
APPLICATION

Due Date: Thursday, February 8th by 4pm
TeacheroftheYear@doe.Virginia.gov

School Division: _____

TEACHER INFORMATION

Teacher's Name (First, Middle, Last Name): _____

Preferred Name (if applicable): _____

Home Address: _____

City, State: _____

Zip Code: _____

Phone: _____

Work Phone: _____

E-mail Address: _____

Virginia Educator License Number: _____

Teaching Endorsements: _____

Institution Where Bachelor's Degree Earned: _____

Institution Where Master's Degree Earned: _____

Other Degrees and Institutions: _____

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) |
|--|------------------------------|-----------------------------|
| <p>Have you ever been convicted of, or entered a plea of guilty or no contest to, a felony? (If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court.)</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p>Have you ever been convicted of, or entered a plea of guilty or no contest to, a criminal offense in another country? (If yes, please attach a letter of explanation and a copy of the court documents indicating judgement and disposition of the case from the court.)</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p>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? (If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court.)</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p>Have you ever been convicted of, or entered a plea of guilty or no contest to, a misdemeanor involving drugs (excluding offenses related to alcohol or possession of one ounce or less of marijuana)? (If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court.)</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p>Have you ever been the subject of a founded complaint of child abuse or neglect by a child protection agency? (If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court.)</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p>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? <u>Please note:</u> This includes a reprimand, warning, or reproof and any order denying the right to apply or reapply for a license. (If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court.)</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p>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? <u>Please note:</u> This includes any open investigation by or pending proceeding with a child protection agency and any pending criminal charges. (If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court.)</p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| | | |
|---|-------------------------------------|------------------------------------|
| <p>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?</p> <p><u>Please note:</u> This includes any open investigation by or pending proceeding with a child protection agency and any pending criminal charges.</p> <p>(If yes, please attach a letter of explanation and a copy of the court documents indicating judgment and disposition of the case from the court.)</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |
|---|-------------------------------------|------------------------------------|

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- or ten-year Virginia renewable license issued by the Virginia Board of Education. 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:

Printed Name of Teacher:

PRINCIPAL RECOMMENDATION

By my signature, I certify that this individual meets the requirements for the program, and I recommend this teacher to be considered for the Mary V. Bicouvaris Virginia Teacher of the Year Program.

Signature of **Principal**:

Date of Signature:

Printed Name of Principal:

School:

SUPERINTENDENT RECOMMENDATION

By my signature, I certify that this individual meets the requirements for the program, and I recommend this teacher to be considered for the Mary V. Bicouvaris Virginia Teacher of the Year Program.

Signature of **Superintendent**:

Date of Signature:

Printed 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:

E-mail Address:
