



The Connecticut Association
for Health, Physical Education,
Recreation and Dance

OUTSTANDING TEACHER AWARD PROGRAM

*I would like to nominate the following professional for an Outstanding Teacher Award.
(Please check the appropriate category. (10 years teaching/working experience preferred)*

Health Education

Elementary (K-5) _____
Middle (6-8) _____
Secondary (9-12) _____
College/University _____

Physical Education

Adapted PE _____
Elementary (K-5) _____
Middle (6-8) _____
Secondary (9-12) _____
College/University _____

Recreation

College/University _____
Commercial _____
Community _____
Outdoor _____
Therapeutic _____

Dance Education

Elementary (K-5) _____
Middle (6-8) _____
Secondary (9-12) _____
College/University _____

Teacher Name: _____

Home Address: _____

Home Phone: _____

School/Agency Address: _____

School/Agency Phone: _____

Email: _____

Nominated by: _____

Address: _____

Home Phone: _____

Email: _____

Please return form to:

***Lisa Galske
CTAHPERD Executive Director
P.O. Box 320
19 N. Riverside Avenue
Terryville, CT 06786***