

The North Carolina Council of Teachers of Mathematics

OUTSTANDING ELEMENTARY SCHOOL MATHEMATICS TEACHER AWARDS PROGRAM  
PUBLIC SCHOOLS OF NORTH CAROLINA

**SCHOOLS: Return this form to your LEA Central Office.**

**I. Personal Information**

Teacher's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School Phone: \_\_\_\_\_

School System: \_\_\_\_\_ Yrs. of Teaching Experience: \_\_\_\_\_

Principal: \_\_\_\_\_

**II. Educational Training**

College(s) Attended:

Degree(s) Received:

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Mathematics-Related In-Service:

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**III. Professional Activities** (Leadership positions, professional organizations, workshop presentations, etc.)

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**Respond to the following in narrative form:**

IV. **Extracurricular Mathematics Activities** (Contests, Field Days, Projects, Math Month Activities, etc.):

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V. **Techniques Used to Teach Mathematics Effectively:**

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VI. **Contributions Made to Improve the Mathematics Curriculum/Instructional Program in the Schools:**

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VII. **Other Resources Used to Enhance/Enrich the Mathematics Program:**

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