



# Stephen F. Austin State University

## OLDS FAMILY Outstanding Student Teacher Award Entry Form

**Directions:** Please type or print with black ink. Return original and two copies with lesson plan and videotape packet.

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Last Name                      First Name                      Middle Initial                      SID Number

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Street Address (where you will receive mail about the competition)

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City                      State                      Zip                      Phone                      EMAIL

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Major/Specialization                      Grade/Subject Taught in Lesson                      Expected Date of Graduation

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University Mentor                      Phone Number                      EMAIL

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Street Address                      City                      State                      Zip

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School and District where lesson is presented                      Date of Lesson

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Mentor Teacher                      School Principal

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Street Address                      City                      State                      Zip

This is to certify that I recommend the above-mentioned student for the Outstanding Student Teacher Award at Stephen F. Austin State University.

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University Mentor (signature)                      Date