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.

Last Name  First Name  Middle Initial  SID Number

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

City  State  Zip  Phone  EMAIL

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

University Mentor  Phone Number  EMAIL

Street Address  City  State  Zip

School and District where lesson is presented  Date of Lesson

Mentor Teacher  School Principal

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.

University Mentor (signature)  Date

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