



Littlestown Area School District
162 Newark Street
Littlestown, PA 17340



RECOGNITION OF OUTSTANDING STAFF PERFORMANCE

Nomination for Teacher or Support Staff of the Year Award

Name of Nominee: _____ Building: _____

Assignment: _____
(Subject, Grade Level, and/or Position)

In the space provided below, please describe in specific terms the reason(s) you believe the nominee named above should be considered for Teacher or Support Staff of the Year Award for his/her performance during the 2015-2016 school year. You may nominate more than one employee, one nominee/form. If you need additional space, please use the back of this page or second blank page.

Nominator: _____ Date: _____
(Signature)

Print Name: _____

This form must be sent to the Superintendent's Office by May 13, 2016