MIDDLE SCHOOL TEACHER FORM
(Teacher nominee must be a member in good standing of the Missouri Academy of Sciences.)

NOMINEE: ______________________________________
                                       (Title) (First Name) (MI) (Last Name)

Position: _____________________ Name of Institution: ______________________________________

Address of Institution: ___________________________________________________________________
                                       (Street)
                                       ________________________ (City) (State) (Zip)

1. Is nominee actively teaching? Yes _____ No _____
2. Teaching Record:
   Institution   Years   Course(s) taught   No. Students
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. Describe how the candidate is keeping informed of current developments in the subject matter area as well as education innovations.

4. What have been the candidate’s basic objectives in presenting the subject?
5. Present evidence as to the candidate’s part in preparing students in science as well as in the relevancy of science to society and good citizenship.

6. Describe way in which the candidate has influenced other teachers.

7. Past and present academic, professional or public recognition of candidate’s teaching and service.

8. Describe the attributes you recognize (e.g. innovative methods, procedures, attitudes, leadership, etc.) that makes this person worthy of special recognition as an Outstanding Science Teacher.

<table>
<thead>
<tr>
<th>(Nominator)</th>
<th>(Administrative Position)</th>
<th>(Signature)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(Institution)</th>
<th>(Address of Institution)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(City)</th>
<th>(State)</th>
<th>(Zip)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Return Competed Form to:
Michelle Norgren
Karls Hall 215
Missouri State University
901 S. National
Springfield, MO 65897