

CAHPERD OUTSTANDING TEACHER AWARD PROGRAM

I would like to nominate the following professional for a CAHPERD Outstanding Teacher Award.
(Please check the appropriate category.)

Physical Education

Elementary (K-5) _____
Middle (6, 7, 8) _____
Secondary (9-12) _____
College/University _____

Health Education

Elementary (K-5) _____
Middle (6, 7, 8) _____
Secondary (9-12) _____
College/University _____

Dance Education

Elementary (K-5) _____
Middle (6, 7, 8) _____
Secondary (9-12) _____
College/University _____

Recreation

Commercial _____
Community _____
Outdoor _____
Therapeutic _____
College/University _____

Name: _____

Home Address: _____

School/Agency Address: _____

Home Phone: _____ School/Agency Phone: _____

Nominated By: _____

Address: _____

Phone: _____

Please return form to:

Connie Kapral
CAHPERD Executive Director
563 Miller Road
South Windsor, CT 07074