FRANKLIN COUNTY SCHOOL
TEACHER OF THE MONTH

NOMINATION FORM • CELEBRATING SEAHAWK EXCELLENCE

Date: _____

Name of Teacher: _____

Grade: _____ **Subject Taught:** _____

NOMINATED BY — CHECK ONE

☐ Student ☐ Parent ☐ Colleague ☐ Administrator ☐ Other

Name of Nominator (optional): _____

1. Why does this teacher deserve to be recognized?

2. Do you have a personal story that demonstrates this teacher's character and commitment?

PLEASE TURN THE COMPLETED FORM IN TO
BRITTANY CREAMER • FRONT OFFICE

FRANKLIN COUNTY SCHOOL
STAFF MEMBER OF THE MONTH

NOMINATION FORM - CELEBRATING SEAHAWK EXCELLENCE

Date: _____

Name of Staff Member: _____

Department: _____

NOMINATED BY - CHECK ONE

☐ Student ☐ Parent ☐ Colleague ☐ Administrator ☐ Other

Name of Nominator (optional): _____

1. Why does this staff member deserve to be recognized?

2. Do you have a personal story that demonstrates this staff member's character and commitment?

PLEASE TURN THE COMPLETED FORM IN TO
BRITTANY CREAMER - FRONT OFFICE