

# *Illinois Association for Health, Physical Education, Recreation & Dance*



affiliated with  
MID-WEST ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE  
and the  
AMERICAN ALLIANCE FOR HEALTH, PHYSICAL EDUCATION, RECREATION AND DANCE

## **ILLINOIS AHPERD YOUNG PROFESSIONAL TEACHER OF THE YEAR Application Packet**

### **Definition**

A teacher is defined for the purposes of this award as an individual who has a major responsibility teaching physical education, health, adapted physical education, or dance for a specific school or school system, K through 12<sup>th</sup> Grade. **This award is geared toward the young professional (5 years or less) currently employed at the elementary, middle, or high school level, but any certified educator at any level may apply for this award.**

### **Eligibility Requirements**

Any teacher who meets the eligibility requirements and exemplifies the criteria for this award may apply or be nominated by a colleague.

Eligibility requirements include:

1. **This award is an Illinois award only. The seven Illinois District winners (Chicago, Eastern, Northeastern, Northern, Southeastern, Western, and Southwestern Districts) will contest for the Illinois Young Professional Teacher of the Year. (Please note that the Midwest District AAHPERD Young Professional Award (see Midwest District AAHPERD website) has a different set of requirements and a different application process.)**
2. Current membership in IAHPERD required.
3. Degree in and certification as a physical education, health, adapted physical education, or dance teacher.
4. Five years (5) or less teaching experience in the listed areas.
5. Full-time teaching contract, current at the time of nomination and selection
6. Minimum of 60% of total teaching responsibility is teaching in the listed areas.
7. Young Professional Teacher of the Year award winners will present a session at the IAHPERD State Convention in November.

## **Levels**

Teachers may have responsibility for teaching grades that cross the different levels, but may only **submit applications for one level**. Teachers should apply for the level that represents 60% or more of their physical education teaching assignment.

- |                  |  |
|------------------|--|
| 1. Elementary    | K through 6 <sup>th</sup> Grade                |
| 2. Middle School | 6 <sup>th</sup> through 8 <sup>th</sup> Grade  |
| 3. High School   | 9 <sup>th</sup> through 12 <sup>th</sup> Grade |
| 4. Adapted       | K through 12 <sup>th</sup> Grade               |
| 5. Dance         | K through 12 <sup>th</sup> Grade               |
| 6. Health        | 6 <sup>th</sup> through 12 <sup>th</sup> Grade |

## **Award Criteria**

For the purposes of this award, young professional teacher is defined as an individual whose primary teaching responsibility is physical education, health, adapted physical education, or dance in a specific school or school system. The applicant must be a teacher who:

1. Conducts a quality program as reflected in NASPE and state standards and guidelines for education programs;
2. Utilizes various teaching methodologies and plans innovative learning experiences to meet the needs of all students;
3. Serves as a positive role model who epitomizes personal health and fitness, enjoys activity, reflects sportsmanship, and shows sensitivity to the needs of students;
4. Participates in professional development opportunities;
5. Provides service to the profession through leadership, presentations, and/or writing. Serves on state/district/national committees and/or presents at workshops or programs at these levels.

**NOTE:** As a part of the application, all applicants must address each of the above criteria (1-5) as it applies to his/her teaching situation. Each answer must not exceed one 8 ½ X 11 page, single-spaced, in Times New Roman 12 point font.

## **Application Directions**

1. The Illinois Young Professional Teacher of the Year application packet can be obtained at: [www.iahperd.org](http://www.iahperd.org).
2. All application and publicity forms must be filled out completely and typed using 12-point font.
3. Include a 3 ½" x 2 ½" (wallet size) photograph that will not be returned.
4. Winners will not be forwarded to Midwest District AAHPERD. This is a state award only.
5. **Three (3) typed letters of recommendation should be included in the application.** The letters should be one to two pages in length with content directly related to the award criteria. One letter must be from the current principal; additional letters may be from colleagues or parents or others who are familiar with the work of the applicant. **It is the responsibility of the candidate to ensure the content of the recommendations meets the Award Criteria.**
6. The candidate will describe his/her qualifications with a one (1) double-spaced, typed sheet for each of the five (5) **Award Criterion** listed. Major consideration for the award will be given to the information provided. In describing your qualifications under each criterion, specifically address innovation, major accomplishments, and significance to the field.
7. Complete the Official Application Form and the Publicity Form located at the end of this application packet.

## **State Selection and Recognition Timeline**

1. IAHPERD District Presidents must receive the Illinois Young Professional Teacher of the Year application packet from the candidate by **March 1** of the current year. Contact information for all Illinois District Presidents is available on the IAHPERD Website: [www.iahperd.org](http://www.iahperd.org). **The State Association (IAHPERD) will re-direct all submitted names and applications for Young Professional Teacher of the Year to the appropriate IAHPERD District President or appointed designee.**
2. State District Presidents will present their District winners to the IAHPERD Recognition/Awards Committee by **April 15**.
3. The IAHPERD Recognition/Awards Committee will present one candidate for Young Professional TOY for approval at the **April** meeting of the IAHPERD Executive Board. The state winner will be contacted in early **May**.
4. Illinois Young Professional Teacher of the Year award winners will present a session at the IAHPERD State Convention in November.

**ILLINOIS ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION,  
RECREATION AND DANCE**

**ILLINOIS YOUNG PROFESSIONAL  
TEACHER OF THE YEAR (TOY)**

**OFFICIAL APPLICATION FORM**

**To be completed by nominee**

**Check One Level Only:**

- |                  |  |       |
|------------------|--|-------|
| 1. Elementary    | K through 6 <sup>th</sup> Grade                | _____ |
| 2. Middle School | 6 <sup>th</sup> through 8 <sup>th</sup> Grade  | _____ |
| 3. High School   | 9 <sup>th</sup> through 12 <sup>th</sup> Grade | _____ |
| 4. Adapted       | K through 12 <sup>th</sup> Grade               | _____ |
| 5. Dance         | K through 12 <sup>th</sup> Grade               | _____ |
| 6. Health        | 6 <sup>th</sup> through 8 <sup>th</sup> Grade  | _____ |

Detach the application and the publication forms from the rest of the packet and send them along with your responses to the award criteria, letters of recommendation, and wallet sized photo to your IAHPERD District President by **March 1**.

**Applicant's Name:**

Name You Wish To Be Called:

Name To Use In Writing (certificates, press releases, etc.)

Home Address:

City/State/Zip:

Home Phone:

Home Email Address:

Present Position/Title:

School Name:

Address:

City/State/Zip

School Phone:

School FAX:

School Email:

**Educational Information:**

	College/University	Major
Bachelors Degree		
Masters Degree		
Doctoral/Prof. Degree		

**Career Information:**

<u>Position</u>	<u>Location</u>	<u>Length of Service</u>
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**Professional Affiliations:**

State AHPERD	Membership #	Expiration Date:	Years of Membership:
State Offices/Division or Project Activities:			

Other Professional Affiliations:

**Significant Achievements in the Field of Physical Education:**

**Community Service:**

(Type and Dates.)

**ILLINOIS ASSOCIATION FOR HEALTH, PHYSICAL  
EDUCATION, RECREATION AND DANCE**

**ILLINOIS YOUNG PROFESSIONAL  
TEACHER OF THE YEAR (TOY)**

**PUBLICITY FORM**

**To be completed by nominee**

State: **ILLINOIS**

AAHPERD District: **MIDWEST DISTRICT**

Applicant's Full Name:

Applicant's Home Address:

Applicant's Home Email Address:

Applicant's Work Email Address:

Applicant's Home Phone:

Applicant's Work Phone:

**School District Information:**

Superintendent's Name:

Address:

Superintendent's Email Address:

Phone:

Principal's Name:

Principal's Email Address:

Phone:

Program/Dept Chair's Name and Title:

Dept Chair's Email Address:

Phone:

School District Name:

Administrative Offices Address:

School District Public Relations Officer:

PR Officer's Email Address:

Phone:

**Newspapers:**

Newspaper #1:

Address:

Phone:

Editors Email Address:

Editor:

FAX:

Newspaper #2:

Address:

Phone:

Contact Person's Email Address:

Editor:

FAX:

**Television Station:**

Station Name/Call Letters:

Address:

Phone:

Editors Email Address:

Contact Person:

FAX:

Station Name/Call Letters:

Address:

Phone:

Editors Email Address:

Contact Person:

FAX:

**Government Officials:**

State Legislator:  
Address:  
Email Address:

U.S. Congress Rep:  
Address:  
Email Address:

U.S. Senator:  
Address:  
Email Address:

U.S. Senator:  
Address:  
Email Address:

**Others:** list others, including titles and addresses, to which your progress in this program should be reported. Use additional sheets if necessary.