

**OEA INSTRUCTIONAL EXCELLENCE AWARDS**  
**PROFESSIONAL EXCELLENCE – TEACHERS TEACHING TEACHERS**

**Nomination must be electronically submitted or received  
at OEA Headquarters by 5 p.m., January 24, 2020.**  
*Completion of all information is required.*

DEFINITION: To recognize individual OEA members for outstanding contributions in instructional excellence with students and colleagues. Creativity and originality will be strongly considered. The awards acknowledge the fact that the quality of education in this country can rise no higher than the quality of teaching.

ELIGIBILITY: Any \*teacher, as defined by Oklahoma Statute, who is an OEA member.

\*Teacher - “Any person who is employed to serve as district superintendent, county superintendent, principal, supervisor, counselor, librarian, school nurse or classroom teacher, or in any other instructional, supervisory, or administrative capacity, is defined as a teacher.”

**Nomination Checklist; this nomination requires:**

- Nominee Information
- Nomination Form
- Descriptive Unit Abstract
- Artifact (maximum of 10 pages)
- Nomination must follow FERPA

# DESCRIPTIVE UNIT ABSTRACT REQUIREMENTS

The purpose of the descriptive unit abstract is to include pertinent, supportive data documenting the unit's success and its implementation in the classroom or impact on teachers. Please include samples of the process, descriptions of activities used, and samples of evaluative techniques utilized.

Unit will be evaluated as follows:

1. General Statements (maximum of 1 page) 10 points  
Include title and purpose of presentation, audience served and significance for teachers or students.
2. Unit Objectives (maximum of 1 page) 10 points  
List specific expectations/desired outcomes.
3. Activities and/or Projects (maximum of 3 pages) 30 points  
Must be relative, innovative, creative, and appropriate. How do activities/projects reinforce presentation?
4. Adaptability (maximum of 2 pages) 25 points  
Adaptability to other grade levels, individual student needs, curriculum areas or in-service education.
5. Method(s) of evaluation (maximum of 1 page) 15 points
  - 1) Describe criteria used to measure effectiveness of unit.
  - 2) Describe evaluation tools utilized (including but not limited to tests, contests, student projects, student or teacher evaluation, school and/or community impact).
6. Resource Material (maximum of 1 page) 10 points  
Identify personnel, print materials, audio/visual equipment and any other materials necessary.  
Document original material.  
Cite commercial materials/resources.

## UNIT DESCRIPTION MUST BE

- Typed
- Double-spaced
- 8 ½ x 11
- 12 point font
- Artifacts (maximum of 10 pages) in addition to application and #1-6 above
- Must follow Family Educational Rights and Privacy Act (FERPA) rules and could include pictures, any applicable release forms, newspaper stories, student work evaluation, etc.

**All entries become property of OEA**

1. General Statements (Maximum of 1 page)

Include title and purpose of presentation, audience served and significance for teachers.

2. Presentation Objectives (maximum of 1 page)  
List specific expectations/desired outcomes.

3. Activities and/or Projects (maximum of 3 pages)

Must be relative, innovative, creative, appropriate. Addresses how activities/projects reinforce presentation.





4. Adaptability (maximum of 2 pages)

Adaptability to other grade levels, individual student needs, curriculum areas or in-service education.





5. Method(s) of evaluation (maximum of 1 page)

- Describe criteria used to measure effectiveness of unit.
- Describe evaluation tools utilized.

6. Resource Material (maximum of 1 page)

- Identify personnel, print materials, audio/visual equipment and any other materials necessary.
- Document original material.
- Cite commercial materials/resources.

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**NOMINATION FORM**

NOMINATED BY \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

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**LOCAL ASSOCIATION INFORMATION**

LOCAL ASSOCIATION \_\_\_\_\_

LOCAL ASSOCIATION PRESIDENT \_\_\_\_\_

PRESIDENT'S EMAIL \_\_\_\_\_

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*By checking this box, you acknowledge that your local president is aware of your nomination.*

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**NOMINEE INFORMATION – to be completed by nominee**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

SCHOOL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

SCHOOL DISTRICT \_\_\_\_\_

NAME OF SCHOOL BUILDING \_\_\_\_\_

CURRENT POSITION \_\_\_\_\_

(Include title, grade(s), and subject area)

TOTAL NUMBER OF YEARS OF EXPERIENCE \_\_\_\_\_

**EDUCATION CREDENTIALS**

Check all that apply

- Bachelor's degree
- Master's degree
- Doctoral degree
- National Board Certification
- Other (please list)

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