



Teacher of the Year

VERIFICATION OF TEACHING ASSIGNMENT

Please have this form completed by a school administrator, supervisor, or payroll person.

I am a school administrator, supervisor or payroll person who can attest to the fact that this

applicant, _____, teaches the selected subject area below

for at least 50 percent of his/her teaching assignment for the school year _____.

Please select one:

- Adapted Physical Education
- Dance Education
- Health Education
- Elementary Physical Education
- Middle School Physical Education
- High School Physical Education

Name	
Title	
Signature	
Date	