

Application New York State Teacher of the Year 2025

Round 1: Due February 1 , 2024

The New York State Teacher of the Year program, now in its 55th year, is administered by the New York State Education Department. It is affiliated with the National Teacher of the Year program, which is administered through the Council of Chief State School Officers. The program is sponsored by leading education organizations.

THE UNIVERSITY OF THE STATE OF NEW YORK

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Program Benefits and Responsibilities

The New York State Teacher of the Year speaks on educational topics to organizations and groups, engages with other state teachers of the year, and traditionally participates in recognition events with the President of the State Education Council.

ROUND 1: Required Information

Due February 1 , 2024

*Electronic applications are preferred and should be sent as **one** pdf file to toty@nysed.gov.*

Hard-copy applications may be sent to Teacher of the Year Program, NYSED, Office of Standards and Instruction, EBA 860, 89 Washington Ave., Albany, New York 12234.

***Applications received after February 1 , 2024, will not be considered.** Round 1 applications are reviewed by the Teacher of the Year Advisory Council. Selected applicants will be notified and asked to complete **Round 2**.*

1. Completed Basic Data Sheet with all required signatures (at the end of this document)
2. Letter of *Introduction* (2 pages max) is prepared and signed by your current building administrator or superintendent and provides basic information and reasons for nominating the applicant.
3. Resume (2 pages max) Organize your resume information in the following six categories:
 - Education
 - Certifications
 - Experience
 - Leadership
 - Awards
 - Other Recognition
4. Professional Biography(max 250 words) Complete your professional biography narrative in 3rd person. Include a description of your path to becoming an educator. The biography maybe used in promotional materials for New York State Teacher of the Year (NYSTOY) and/or speaking engagements.
5. Teacher of the Year Message (max 750 words) The NYSTOY will serve as spokesperson and representative for teachers and students. What is your message? What will you communicate to your profession and to the public?
6. **SIGNED** and **DATED** Letters of Support (3 required/1 (m)-2 0 0 12Wp **One**

ROUND 2: Response Questions

Due March 29, 2024

Applicants moved to Round 2 of the application process will be notified on or before March 11th, 2024, and asked to submit their response to the following four questions as one pdf file to toty@nysed.gov.

For each of the four questions below, tell your personal story, reflecting your original work and state why you'd be an excellent representative as the NYS Teacher of the Year.

Text only. Please do not include links, photos, work samples, etc.

Defining Lesson (750 words max) - Describe a lesson or unit that defines you as a teacher. How did you engage all students and influence your students? How are your beliefs about teaching demonstrated in the lesson or unit?

Impact on School Culture (500 words max) Describe your involvement in a project or initiative which contributed to the improvement of the overall school culture. What was your role, how did you involve others and where is the project/initiative today? Include evidence of student impact.

Connecting Students and Community (500 words max) - Describe specific ways in which you connect your students and their families with the community. Include evidence of student impact.

Education Issues and Trends (500 words max) - Discuss a major public education issue today and why it is important

New York State Teacher of the Year Basic Data Sheet

First Name:	Last Name:
* If your certification is under a name other than the one above, please include that as well	
Home Address:	
Preferred Phone (Indicate: Home/School/Cell)	Email:
1. Your current teaching position/title: 2. Number of years in your current position: 3. Total years of teaching experience since issuance of teaching certificate: 4. In a typical day, what percentage of your fulltime position is spent as a classroom teacher:	
I agree that any or all the enclosed materials (except my home address and telephone number) may be shared with persons interested in promoting the Teacher of the Year Program. This includes photos from STOY program events. I hereby certify that all materials and statements in this application are true to the best of my knowledge and all responses represent my original work	
_____ Signature of Applicant	_____ Date

School Name and Address		
School Enrollment	District Enrollment	School Location Rural/Urban/Suburban/other
Name of Current School Principal:		
Principal phone #:	Principal Email:	
Signature of Current School Principal:		
District Name and Address:		
Name of Current School Superintendent:		
Superintendent phone #:	Superintendent Email:	

*for NY City, use "District Union President"