

State of Ohio Reading Recovery® Teacher Nomination Form

Training Site _____

Name _____
Home Address _____
City _____ State _____ Zip Code _____
Home Phone (_____) _____ email _____
Cell Phone (_____) _____

School _____
School Address _____
City _____ State _____ Zip Code _____
Phone (_____) _____
Principal _____

District _____
District Address _____ County _____

City _____ State _____ Zip Code _____
Phone (_____) _____
Superintendent _____

Section 1: Teacher Experience

A minimum of three (3) years teaching experience within the last five (5) years, with no fewer than two (2) years at the primary level (grades K-3), is recommended.

_____ Total number of years of teaching experience

_____ Total number of years of teaching experience at the primary level or in reading

Section II: Reading/Language Arts Experience

A. Briefly describe the nature of your undergraduate and/or graduate coursework in reading/language arts.

B. List other professional experiences related to your interest in reading/language arts (workshops, conferences, curriculum committees, etc.)

C. Describe your current thinking on how children acquire literacy.

Section III: Statement of Commitment

We have read and understood the responsibilities of implementing Reading Recovery at the building and/or district level as outlined in the *Ohio Agreements for Reading Recovery®* and the *Standards and Guidelines of Reading Recovery© in the United States* and we are willing to make this commitment for a minimum of three years.

Signature of Reading Recovery Teacher Nominee

Date

Signature of Building Principal

Date

Signature of Title 1 Coordinator or
other appropriate District Administrator (if applicable)

Date

Signature of Superintendent

Date

**Retain a copy of this form for your own records and submit the original to the
Regional Training Site at the address listed below.**