State of Ohio Reading Recovery® Teacher Nomination Form

Fraining 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
			7. 6.1
			Zip Code
Phone ()			
Superintendent			

Section 1: Teacher Experience

	minimum of three (3) years teaching experience within the last five (5) years, with no ver 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
Sec	ction II: Reading/Language Arts Experience
A.	Briefly describe the nature of your undergraduate and/or graduate coursework in reading/language arts.
В.	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 an Regional Training Site at the address			