

**WASHINGTON TRAFFIC AND SAFETY EDUCATION ASSOCIATION
CLIFF BOYCE TEACHER OF THE YEAR AWARD
NOMINATION FORM**

Date: _____

Name of Candidate: _____ **Phone:** _____

Address: _____ **School District:** _____

City: _____ **State** _____ **Zip:** _____

Title or Position at this time: _____

Number of years involved with Traffic Education : _____

Major area of Responsibility in Traffic Education: _____

Please give an approximate number for each of the questions below if uncertain

For each item below give the number of years of service:

Classroom: _____ **Simulation:** _____ **On-Street:** _____ **Administrative:** _____

Number of years a member of WTSEA: _____

Number of WTSEA Conferences attended: _____

Number of times been a "presenter" at WTSEA Conferences: _____

Number of times assisted at WTSEA Conference (film,registration, etc.): _____

Has been President of WTSEA: _____

Number of years a member of WTSEA Board of Directors: _____

Number of articles written for WTSEA Journal: _____

Number of years a member of ADTSEA: _____

Number of ADTSEA Conferences attended: _____

Has sponsored a Youth Traffic Safety Group: _____

List any special techniques or materials this candidate has developed for use in

Traffic Safety Education:

List the Major Considerations that make this candidate deserving of the award:

Please list any other reasons this nominee should receive the Cliff Boyce

Teacher Of The Year Award:

Person to contact for more information on Candidate:

Name _____ **Phone:** _____

Name of Nominator: _____ **Phone** _____

Address or School District: _____

City: _____ **State** _____ **Zip** _____