National 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.

Please select one:

□ Physical Education (Elementary, Middle or High School)
□ Adapted Physical Education
□ Health Education
□ Dance Education

____________________________________
Name

____________________________________
Title

____________________________________
Date

____________________________________
Phone Number