



# Stephen F. Austin State University

## OLDS FAMILY Outstanding Student Teacher Award Entry Form

**Directions:** Please type or print with black ink. Return original and two copies with lesson plan and videotape packet.

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      SID Number

\_\_\_\_\_  
Street Address (where you will receive mail about the competition)

\_\_\_\_\_  
City                      State                      Zip                      Phone                      EMAIL

\_\_\_\_\_  
Major/Specialization                      Grade/Subject Taught in Lesson                      Expected Date of Graduation

\_\_\_\_\_  
University Mentor                      Phone Number                      EMAIL

\_\_\_\_\_  
Street Address                      City                      State                      Zip

\_\_\_\_\_  
School and District where lesson is presented                      Date of Lesson

\_\_\_\_\_  
Mentor Teacher                      School Principal

\_\_\_\_\_  
Street Address                      City                      State                      Zip

This is to certify that I recommend the above-mentioned student for the Outstanding Student Teacher Award at Stephen F. Austin State University.

\_\_\_\_\_  
University Mentor (signature)                      Date