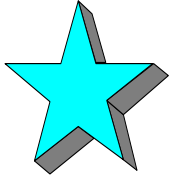
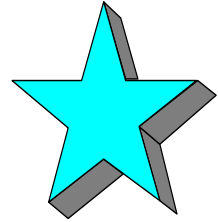


Golden Star Nomination Form



We recognize our own.....



NOMINEE: _____ Date: _____

NAME OF SCHOOL: _____

TIME IN CDC/HEAD START _____ TIME TEACHING: _____

Nominee is a regular member of TALB? YES NO (circle)

Nominee currently is a teacher in the Long Beach Unified School District? YES NO (circle)

Check the appropriate category (categories) on which this nomination is based:

_____ A. Shows responsibility toward:

- ♦ Center ♦ Children ♦ Staff/Co-workers ♦ Parents

_____ B. Maintains awareness, understanding and respect of the values within cultural and family diversity.

Submit statement supporting candidate in twenty five (25) words or less.

Nominated by: _____ Phone: _____ Date: _____

School: _____ Position: _____

DO NOT WRITE BELOW THIS LINE

ACTION BY TALB COMMITTEE ON SELECTIONS: _____ **Chairperson**

Date: _____ Member: _____ Member: _____

**REACH
FOR
THE
STARS**



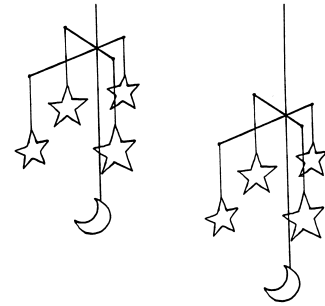


Reach for the Stars!

**Recognize an
outstanding
teacher
today!**



CDC Headstart



**NOMINATE
him/her
For a Golden
Star Award**

Your nominee must:

Be a TALB member

Be teaching in Long Beach at the time of the award

Shows responsibility toward:

- ♦ Center
- ♦ Children
- ♦ Staff/Co-workers
- ♦ Parents

**Maintain awareness, understanding and respect of the
values within cultural and family diversity.**

Administrators are not eligible for this award.

See your Faculty Rep for a nomination form.

