

# TASM – Eads Excellence Award

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## **BACKGROUND:**

The Texas Council of Supervisors of Mathematics is an organization whose membership is made up of leaders in the field of mathematics education. One of those members was Tommy Eads. Tommy served mathematics education as a teacher, mentor, supervisor and friend for many years.

The TASM-Eads Excellence Award was established to provide the Texas Association of Supervisors of Mathematics with a way to annually recognize a current TASM member who has made the same kind of dedicated and unique contribution to mathematics education as Tommy Eads.

## **CRITERIA:**

Any member of TASM may submit a nomination.

- The nominee should have a record of significant and describable contributions to mathematics education, especially in the immediate years preceding the nomination.
- The nominee demonstrates support for fellow mathematics educators
- The nominee exhibits evidence of continued professional growth
- The nominee demonstrates clear knowledge of mathematics education, including awareness of current issues.
- The nominee has made a contribution to mathematics education by exhibiting leadership qualities.

## **NOMINATION PROCEDURE:**

Nominations must be submitted in writing, and consist of a nomination coversheet (see attached) and narrative. Nominations sent as an e-mail attachment will be accepted without the required nominator's signature.

The nomination narrative should be a maximum of two (2) double-spaced, typewritten pages, 11 point font, and directly address the criteria. In no case should the nomination narrative exceed the 2-page limit.

Nominations should be sent to Jim Wohlgehagen at [jim.wohlgehagen@pisd.edu](mailto:jim.wohlgehagen@pisd.edu), or by fax to 469-752-8031.

The deadline for the receipt of nominations for the Eads award is May 15th.

# Eads Award Nomination Form

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## Nominee Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Nominator Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Signature of Nominator