IMPORTANT: This is a copy of the 2026 NEA ESP of the Year nomination form as it appears in the new platform (Smartsheet). The purpose of this PDF is to familiarize affiliate POCs and nominees with the layout and questions asked in the new form.



# 2026 ESP of the Year Nomination Form

This nomination form can only be submitted by state affiliate points of contact (POCs). POCs are individuals appointed by the state affiliate (or Local if a local nomination) to liaise with NEA staff and coordinate the compilation and submission of their state's nomination. Affiliate POCs work directly with nominees to collect the award requirements and then enter them into the system on their behalf. Nominees cannot submit a nomination on their own.

The "NEA ESP of the Year Overview and Requirements" and other award materials are available at www.nea.org/espoty-nomination.

Questions? Contact Jennie Young at jyoung@nea.org.

The deadline to submit nominations is 11:59 p.m. ET on Tuesday, September 23, 2025.

## **IMPORTANT!**

W!	You <b>CANNOT</b> start and save a nomination and then come back to finish it at a later date/time. Be sure you have all of the requested information from your nominee <b>BEFORE</b> you complete this form.							
	Date *							
	<b>31</b>							
	Affiliate Point of Contact (POC) Information  POC First Name *							
	POC Last Name *							
	POC Job Title *							
	POC E-mail Address *							
	POC Phone Number *							
	POC Phone Number Extension (if applicable)							
	POC Phone Number Extension (ii applicable)							
!	POC Acknowledgment *  By checking the box below, you are attesting that:							
	The information in the nomination has been reviewed, is deemed complete, and is true to the best of your knowledge.							
	Nomination Information							
	Type of Nomination *  Local Affiliate Nominations are only permitted if there is no State Affiliate Nominee.							
	<ul> <li>State Affiliate Nomination</li> <li>Local Affiliate Nomination</li> <li>2</li> </ul>							

	State Affiliate Name * This is a dropdown menu of affiliate names.							
	Select							
<b>/                                    </b>	When was your nominee notified that they had been selected as your state's ESPOTY? How were they informed (for example, at a conference or other event, through social media, etc.)? *							
	Nominee Personal Information							
	Legal First Name *							
	Legal first name as it appears on the nominee's driver's license, birth certificate, etc.							
	Legal Last Name *							
	Legal last name as it appears on the nominee's driver's license, birth certificate, etc.							
	Preferred/Chosen First Name *  This is the first name by which the nominee would like to be referred.							
	This is the mot hame by which the norminee would like to be referred.							
	How would the nominee like their first and last name to appear on their certificate and other digital and printed promotional materials (e.g., ESPOTY webpage, ESP conference slideshow, signage, program)? *							
	Home Street Address *							
	Home City *							
	Home State * This is a dropdown menu of two-letter state abbreviations.							
	Select							
	3							

	Home Zip Code *							
NEW!	Non-PO Box Address (if applicable)							
	If a P.O. Box address was provided above, please provide an address where the nominee can receive UPS packages.							
	Primary E-mail Address *							
	Primary Phone Number *							
	Please provide a personal (mobile/cell) phone number that the nominee answers regularly. No work/school phone numbers, please.							
	+1 ()							
	Work Phone Number (optional)							
	+1 ()							
	Age Range *							
	○ 18-25							
	26-35							
	36-45							
	○ 46-60 ○ 61							
	O 61+ Prefer not to say							
	Race/Ethnicity *							
	Asian and Pacific Islander							
	Native American/Alaska Native							
	Latin(o/a/x), Hispanic, and Chican(o/a/x)							
	Black or African American							
	○ Multiracial							
	MENA (Middle East and North Africa)							
	○ White							
	Other							
	Prefer not to say 4							

	Gender Identity *
	Man
	Woman
	☐ Transman
	☐ Transwoman
	○ Non-binary
	Agender
	Two-Spirit
	Prefer not to say
	Pronouns *
	○ She/Her
	○ He/Him
	☐ They/Them
	Shey/They
	☐ He/They
	C 1.16, 1.116)
FWI	Ze/Zim  What are the nominee's social media handles (e.g., Facebook, Instagram, TikTok)? Enter
EW!	○ Ze/Zim
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EW!	What are the nominee's social media handles (e.g., Facebook, Instagram, TikTok)? Enter N/A if they do not use social media. *
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	Local President *						
	If the nominee is the Local President, please note that here.						
	UniServ Director *						
	This is the nominee's staff representative. They may have the title Organizational Specialist, Labor Relations Specialist, Field Rep, or something else. If unsure, please check with the Local President or State Affiliate.						
	Employment Status * Retired members are not eligible for the award.						
	○ Active ○ Retired						
	Job Title *						
NEW!	How would the nominee like their job title to appear in digital and printed promotional materials (e.g., ESPOTY webpage, ESP conference slideshow, signage, program)? *						
	NEA ESP Career Family (Check all that apply.) *						
	Visit www.nea.org/esp for career family descriptions.						
	Clerical Services						
	Custodial/Maintenance						
	Food Services						
	Health/Student Services						
	Paraeducators						
	Security Services						
	Skilled Trades						
	Technical Services						
	Transportation Services						
	Career Experience *						
	Early Career Educator (0-5 years)						
	Mid-career Educator (6-10 years)						
	Veteran Educator (11+ years)						
	Prefer not to say 6						

worksite Level (Check all that apply.) *
□ Pre-K
Elementary
Middle or Junior High School
High School
Central Office/District Wide
Post-Secondary/Higher Education
School/Worksite *
No abbreviations, please.
School District/University * No abbreviations, please.
School/Worksite City *
Work State * This is a dropdown menu of state names (spelled out).
Select
School Community Type *
Suburban Urban Rural
Is your school a Title I school? *
Select N/A if the nominee works in multiple schools, if their primary worksite is not a school, or if they work in a post-secondary/higher education institution.
○ Yes ○ No ○ N/A

## Personal Statement

E <b>W!</b>	Nominees must submit a Personal Statement that provides specific examples of achievement and impact in each of the four award criteria. There is a <b>4,000-character limit</b> (including spaces) for each criterion area.						
	<b>IMPORTANT:</b> The form WILL NOT flag when responses in this section exceed character count limits. Any text over the character count limit will not be captured but cut off. After copying and pasting each response, it's important to check that the entire response was captured.						
	Impact on students: * Note: No changes were made to the award criteria below.						
	Describe specific actions you have taken and how those actions positively impacted student learning, social-emotional well-being, health and/or safety.  4,000-character (including spaces) maximum.						
	Impact on families and community: *						
	Describe specific actions you have taken and how those actions have positively impacted families and/or the local community.  4,000-character (including spaces) maximum.						
	Union engagement and activism, with a focus on ESP workforce issues: *						
	Describe how your engagement and activism with the local or state union/association have positively impacted ESPs' professional stature (e.g., importance and reputation), stability (e.g., wages, benefits, and job security), and/or effectiveness (e.g., professional practice).  4,000-character (including spaces) maximum.						

	Impact on colleagues: *								
	Describe specific actions you have taken and how those actions have positively impact colleagues at your school campus, school district, or worksite.  4,000-character (including spaces) maximum.								
	Resume Questionnaire								
NEW!	Nominees should further demonstrate their accomplishments and impact related to the award criteria through the Resume Questionnaire. It should outline the work and professional experiences of the nominee through brief bullets or paragraphs. There is a 4,000-character limit (including spaces) for each question.								
NEW!	<b>IMPORTANT:</b> The form WILL NOT flag when responses in this section exceed character count limits. Any text over the character count limit will not be captured but cut off. After copying and pasting each response, it's important to check that the entire response was captured.								
	Professional/Work Experience								
NEW!	Please list your CURRENT worksite position/job/career and describe a typical day at work. *								
	4,000-character (including spaces) maximum.								
	Please list any worksite positions/jobs/careers you have HELD IN THE PAST. * 4,000-character (including spaces) maximum.								

# Additional School/District Roles and Appointments

Please list any additional school or district roles or appointments (e.g., committee, team, or workgroup roles; student athletic/academic/other club positions; coaching positions, etc.) you CURRENTLY HAVE. *
4,000-character (including spaces) maximum.
Please list any additional school or district roles or appointments (e.g., committee, team, or workgroup roles; student athletic/academic/other club positions; coaching positions, etc.) you have HELD IN THE PAST. *
4,000-character (including spaces) maximum.
Education/Training/Certificates
Please list your education, any training/courses you have completed, and any certificates, licenses, certifications, etc., you have received. *
4,000-character (including spaces) maximum.

# External Organizations/Stakeholder Positions

Please list any positions with external organizations, community, or other stakeholder groups you CURRENTLY HAVE. *
4,000-character (including spaces) maximum.
Please list any positions with external organizations, community, or other stakeholder groups you have HELD IN THE PAST. *
4,000-character (including spaces) maximum.
Achievements/Honors/Awards
Please list any achievements, honors, or awards you have received, including the name of the achievement/honor/award and the year received. *
4,000-character (including spaces) maximum.

# Local and State Affiliate Positions and Appointments

Please list any local and/or state affiliate positions, roles, or appointments you CURRENTLY HAVE. *
4,000-character (including spaces) maximum.
Please list any local and/or state affiliate positions, roles, or appointments you have HELD IN THE PAST. *
4,000-character (including spaces) maximum.

## Digital Headshot and Letters of Recommendation

### Digital Headshot

**Important!** This photo will be used in digital and printed promotional materials, including the ESPOTY webpage and ESP Conference slideshow, signage, and program. Please consider this before submitting a photo.

• The photo must be a high-resolution headshot that is 1200 x 1200 pixels or 1.4 MB in size and 300 dpi.

- **NEW!** Files must be a .jpg, .png, or .gif file. The form does not accept other file types.
  - Photos taken with a smartphone or professional-quality photos taken by affiliate staff are recommended.
  - Professional or business casual attire is recommended.
  - Please do not submit selfies, pictures of pictures, or screenshots from social media platforms.
  - Additional guidance, including examples of high-quality headshots, can be found at www.nea.org/espoty-nomination.

### **Letters of Recommendation**

- Three (3) letters (no more, no less) must be submitted.
- Letters must be typed, one-page maximum, with one-inch margins and minimum 11-point font.

- NEW! Letters can be uploaded as PDF or Word document files. No pictures of letters, please.
  - If more than three (3) letters are submitted, only three (3) will be reviewed by the selection committee. All others will be discarded.
  - Additional guidelines and a resource for letter writers can be found at www.nea.org/espoty-nomination.

NEW!	Upload the headshot and letters here. Drag and drop them or click on "browse files." *								
			Drag and	d drop files	here or br	owse files	S		

## State President Acknowlegment

### By checking the box below, you are attesting that: \*

### NEW!

- You have permission from the State President to electronically sign and submit this nomination on their behalf, and
- The State President recognizes the individual outlined in this nomination as your affiliate's nominee.

Authorizing State President First and Last Name *	
Local President Acknowledgment	

If this is a local affiliate nomination, you will check the box below to attest that you also have the approval of the Local President to submit this nomination.

## Authorizing Local President First and Last Name (optional)

Only required if the nomination is a local nomination.

Check the box below to receive a copy of the nomination.

NEW!

Check "send me a copy of my responses" before you check "submit" to receive a copy of the nomination. We strongly encourage you to do this, so you can review the nomination and flag any errors for ESP Quality staff.

Send me a copy of my responses

Submit

We strongly encourage you to check this box before clicking "submit," so you can review the nomination and promptly flag any errors for ESP Quality staff.