



Distinguished Literacy Teacher Council Reply Form

**Reading Council Presidents: Please complete ALL information and
Return One Form Per Council by December 1st and Note "None" if needed.**

Return to the Distinguished Literacy Teacher Chairperson.

**Please include a yearbook quality JPEG or Bitmap
head and shoulders photo for the conference program.**

Include the letters DLT in the subject line of any email correspondence.

Name of Reading Council: _____

Name of Council President: _____

Council President's Email(s): _____

Elementary Level Distinguished Literacy Teacher:

Name as You Wish it to appear in the SCIRA Conference Program:

SCIRA Membership Number: _____ (check with your Membership Director)

Work/School Phone: () _____ Home Phone: () _____

Work/School Email: _____

Home/Other Email: _____

Work Mailing Address: Home Mailing Address:

Workplace/School Name: _____

Principal's or Supervisor's Name: Dr./Mr./Mrs./Ms. _____

Secondary Level Distinguished Literacy Teacher:

Name as You Wish it to Appear in the SCIRA Conference Program:

SCIRA Membership Number: _____ (check with your Membership Director)

Work/School Phone: () _____ Home Phone: () _____

Work/School Email: _____

Home/Other Email: _____

Work Mailing Address: Home Mailing Address:

Workplace/School Name: _____

Principal's or Supervisor's Name: Dr./Mr./Mrs./Ms. _____

