



SISD Educator Biographical Information for Circle of Success 2024

fillable form: www.shermanisd.net/sef/educator

Name: _____ School Phone: _____

Campus: _____ Position/Grade/Subject(s): _____

Home Address: _____
Address City State Zip

Best Phone Number to Reach You: _____

Education:

Undergraduate School: _____ Degree: _____

Major Field(s) of Study: _____ Year Graduated: _____

Graduate School: _____ Degree: _____

Major Field(s) of Study: _____ Year Graduated: _____

Experience in the Education Field: *(List experience chronologically by district and campus)*

Honors or Special Recognition that you have received as an educator:

Personal Information:

Family:

Special interests, hobbies, etc:

Quotable Quotes:

What is the Legacy that you hope to leave your students?

Any other information that you would like to share?

* Please return to Kathy Bickerstaff by Tuesday, March 19th *
via e-mail (kbickerstaff@shermanisd.net) or through campus mail

Additional Information: