

# CANDIDATE INSTRUCTOR NOMINATION

## CONFIDENTIAL

These forms are optional and for school use only.

**PLEASE DO NOT RETURN TO NTHS**

Student \_\_\_\_\_ Date Submitted \_\_\_\_\_

Class Year \_\_\_\_\_ Department \_\_\_\_\_ Instructor \_\_\_\_\_

**Please complete the following information for each nominee.**

1. Is this student seriously interested in pursuing a career in his/her field of study? \_\_\_\_\_

2. Student's rank in class \_\_\_\_\_ of \_\_\_\_\_ students. Grade Average \_\_\_\_\_

3. What are the student's goals following graduation? \_\_\_\_\_

4. Previous work experience \_\_\_\_\_

What type, how long? \_\_\_\_\_

5. Please check appropriate box

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| a. Follow instructions                    | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| b. Attends class regularly                | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| c. Safety conscious                       | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| d. Exhibits good teamwork skills          | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| e. Takes pride in work                    | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| f. Is dependable, responsible, honest     | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| g. Exhibits positive attitude             | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| h. Exhibits leadership & good citizenship | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| i. Shows initiative                       | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |

6. I recommend this student as a member of NTHS with:

- no reservations    few reservations    some reservations

Please explain \_\_\_\_\_

7. List other accomplishments of candidate \_\_\_\_\_

### NOTE FOR INSTRUCTOR:

Submit this completed form for each student nominated to the administration by \_\_\_\_\_.

This is confidential information not to be shared with others (teachers or students).

FOR OFFICE USE ONLY:    Recommended    Not Recommended    Need more information

Date \_\_\_\_\_ By \_\_\_\_\_

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