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 □ yes □ no
   b. Attends class regularly □ yes □ no
   c. Safety conscious □ yes □ no
   d. Exhibits good teamwork skills □ yes □ no
   e. Takes pride in work □ yes □ no
   f. Is dependable, responsible, honest □ yes □ no
   g. Exhibits positive attitude □ yes □ no
   h. Exhibits leadership & good citizenship □ yes □ no
   i. Shows initiative □ yes □ 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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