**CANDIDATE INSTRUCTOR NOMINATION**

**CONFIDENTIAL**

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?

1. Student’s rank in class of students. Grade Average
2. What are the student’s goals following graduation?
3. Previous work experience What type, how long?
4. 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

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

 □ no reservations □ few reservations □ some reservations

 Please explain

1. 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

**THIS IS AN OPTIONAL FORM AND FOR YOUR SCHOOL’S USE ONLY**

**DO NOT RETURN TO NTHS**