

NEPALI ASSOCIATION OF OREGON

High School Excellence Award Recommendation Form

To The Applicant:

Please fill out the information below:

Name:

Address:

High School Name:

To The Teacher:

Your evaluation will be used for the purpose of selecting NAO Excellence Award candidate.

Teacher's Name:

Signature:

Date:

Teacher's Telephone:

E-mail:

SCORE compared to other students in his or her class year, how you rate this student in terms of:

No Basi s (X)		Below Average	Average	Good (above average)	Very Good (well above average)	Excellen t Top 10%	Outstandin g Top 5%
	Academic Achievement						
	Motivation						
	Leadership						
	Initiative, independence						
	Extracurricular activities (music, athletics etc.)						
	Community Service / Volunteering						

Evaluation:

Please write whatever you think is important about this student, including a description of academic and personal characteristics as demonstrated in your classroom. Any other information that will help us to differentiate this student from others will be helpful.

Please complete and hand out this form back to the student.