

**OHIO ASSOCIATION OF FAMILY & CONSUMER SCIENCES
PROFESSIONAL SECTION AWARDS
NOMINEE EVALUATION FORM**

RETURN TO NOMINATOR BY January 1

NOMINEE-S NAME: _____ PROFESSIONAL SECTION: _____

DIRECTIONS: *Please complete and return this form immediately to the nominator.
Please comment on the professional contributions, accomplishments and impact of the
nominee-s work. Be specific--limit comments to the space provided.*

Nominator: _____
Address: _____
City, State, Zip: _____
Telephone: _____
E-mail: _____

Evaluator: _____
Title: _____
Address _____
City, State, Zip: _____
Telephone: _____
E-mail: _____

I. Job commitment, responsibility, and contributions related to professional discipline of nominee.

II. Community service involvement and contributions that support the goals of the profession.

III. Professional association contributions; specifically commitment and involvement in OAFCS, AAFCS, and related professional organizations.

IV. Specific comments on impact of contributions of nominee in relation to the goals of the profession.