

# NASSAU COUNSELORS' ASSOCIATION

## 2009/2010 COUNSELOR OF THE YEAR

RECOMMENDATION FORM-SUPERVISOR/ADMINISTRATOR

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(Name of Nominee)

(Title & Institution)

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(Name of Supporter)

(Title & Institution)

Please provide the committee with a supporting statement, giving your observations and judgments concerning the candidate's qualifications for the award. Please include comments about the nominee's qualities, skills, and accomplishments.

RETURN THE COMPLETED FORM TO THE NOMINATOR, WHO WILL FORWARD ALL MATERIAL TO THE COMMITTEE. THANK YOU.