DEADLINE: MARCH 1

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL CHI STATE OUTSTANDING STUDENT TEACHER AWARD APPLICATION

CHAPTER RECOMMENDATION FOR OUTSTANDING STUDENT TEACHER AWARD

After completing this form, include letters of recommendation from the supervising teacher and/or a faculty member of the department/school of education, and send to your Area Director by **March 1**.

Permanent Address of Student Teacher: College/University Attending: School of Student Teaching: Phone: Name of Recommending Member: Address: Phone: Chapter: Area: Email: Comment on Student Teacher's: 1. Knowledge of subject matter being taught: 2. Relationship with students: 3. Relationship with the staff: 4. Attitude toward the profession: 5. Outstanding qualities: Note: Use back of application to complete answers, if needed:	Name of Student Teacher:
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5. Outstanding qualities: Note: Use back of application to complete answers, if needed:	
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	5. Outstanding qualities:
Date: Member's Name:	Note: Use back of application to complete answers, if needed:
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