

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**.

Name of Student Teacher: _____

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:

Date: _____ Member's Name: _____