

**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
CHI STATE
PROFESSIONAL AFFAIRS COMMITTEE**

AREA FINAL REPORT - OUTSTANDING STUDENT TEACHER AWARD

After completing this form, Area Directors are to send it to:

Hazel Powell, 132 Woodcrest Place, Santa Cruz, CA 95065 by **April 15**.

Include relevant letters or data about the recipient, which are needed for recognition, publicity and records.

Name of Recipient: _____ Area _____

Permanent Address of Recipient: _____

School of Student Teaching: _____

Grade Level: _____

Name of Recommending Member: _____

Address: _____

Chapter: _____

Comment on:

1. Recipient's outstanding qualities and areas of expertise:

2. Recipient's professional ambitions:

3. Plans for Area/Chapter events in recipient's honor:

Note: Use back of application to complete answers, if needed.

Signature of Area Awards Chairman: _____

Address and Telephone Number: _____

Signature of Area Director: _____