

DEADLINE IS APRIL 1, 2010
THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
CHI STATE
PROFESSIONAL AFFAIRS COMMITTEE

CHAPTER RECOMMENDATION 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 **April 1**.

Name of Student Teacher: _____
Permanent Address of Student Teacher: _____
College/University attending: _____
School of Student Teaching: _____

Name of Recommending Member: _____
Address: _____
Phone: _____ Chapter: _____
Area: _____ E-mail: _____

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 Signature: _____