

**DEADLINE: MARCH 1, 2017**

**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL  
DKG CALIFORNIA  
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, 2017**.

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: \_\_\_\_\_