## **CLUB Z! ANNUAL ACHIEVEMENT AWARD**

Teachers, please fill out the 2nd page and give this page to your student to fill out and return to the guidance counselor by Friday, November 14<sup>th</sup> 2014.

Name:	
Age:	
Address:	
City:	State:Zip:
Email Address:	
Home Phone:	
School:	

Area Director

In-Home Tutoring Services

Applications may be downloaded from www.clubztutoring.com.

## **CLUB Z! ANNUAL ACHIEVEMENT AWARD**

Teachers, please fill out this form and return to the guidance counselor by Friday, November 14th 2014.

Student's Name:		(	Grade	Level:		
School Student Attends:						_
Address of School:						_
	Street	City	State	,	Zip	
Instructor's Name:						
Phone Number:	E	mail				
Please answer the following q application to th	uestions with respe e guidance office <u>F</u> 1					plete
w has this student shown leadersh	ip in the classroom? _					
ficulties, etc.)?						
nat obstacles has this student over ficulties, etc.)? w has this student shown behavior	r or academic improve	ement in this o	classroo			
ficulties, etc.)? w has this student shown behavio	r or academic improve	ement in this o	classroo			
w has this student shown behavior year?	r or academic improve	ement in this o	classroo			

We appreciate the opportunity to honor your students' accomplishments!