

MUSIC INSTRUCTOR RECOMMENDATION FORM

Name of Stud	ent:		I	nstrument:		Date:
How do you k	now this stu	dent? □ Schoo	l Music Tea	acher 🗆 Pi	rivate Instructo	or
How long hav	e you worke	ed with this stud	dent?			
detailed informa	tion (use the b		necessary). Y			ment section to give us more commendation if you prefer,
5= Excellent	4= Good	3= Average	2= Fair	1= Poor	0= No Opin	ion
Rating			Comments			
	Innate Musical Talent					
Music Maturity						
	Tone Quality					
Ability to play/sing in tune						
	Technique					
	Articulation/I	Diction/Bowing				
	Musicality (Pl	hrasing, Dynamics)			
	Sight Reading	g/Memorization				
	Learning and	polishing the mus	ic			
	Receptiveness	to Instruction				
	Work Habits					
	Honesty and l	Integrity				
	Social Skills _					
Other significant	t background,	experience or per	sonal observa	tions		
Instructor Signature:			Instructor Name: (Please Print)			
Address:			City:		State:	Zip:
Phone:		Alternate Phone	e:		email:	

Please return recommendations to:

SVSS School of Music

P.O. Box 3956

Hailey, ID 83333

Phone/Fax: 208-578-5464 email: education@svsummersymphony.org www.svsummersymphony.org/education