

CENTRAL CHRISTIAN ACADEMY
P.O. Box 6000
Winter Park, Florida 32793-6000
Phone (407) 332-6988 / Fax (407) 332-4413
Leslie Rawle / School Director

Student Music Lessons

Dear Music Teacher,

Thank you for taking the time to fill out this form for our school. We consider the music experience of our students to be an important part of their High School learning experience. The information you provide us will be of utmost importance. Please be honest and candid. Your comments will be held in strict confidence. The information you provide us will be used to evaluate the student. Upon completion, please return this form to us in the envelope provided.

Name of Student _____ Date of Birth _____

Parent or Guardian _____

Name of Teacher _____ Piano _____ Voice _____ Instrumental _____

Date Student began lessons _____ Average hours of practice per week _____

How often are lessons given? _____ Average length of lessons _____

Please give a brief explanation of the level of ability the student began with and what level of ability they are at now: _____

Is Student still actively taking lessons from you? _____

| Teachers Evaluation of Student | | |
|---|----------------------|--------------------------------|
| Follows Directions, Teachable: | | |
| <i>Above average</i> _____ | <i>Average</i> _____ | <i>Needs Improvement</i> _____ |
| Completes Assignments: | | |
| <i>Above average</i> _____ | <i>Average</i> _____ | <i>Needs Improvement</i> _____ |
| Attendance to Lessons: | | |
| <i>Above average</i> _____ | <i>Average</i> _____ | <i>Needs Improvement</i> _____ |
| Thoroughness, Accuracy, Conscientiousness: | | |
| <i>Above average</i> _____ | <i>Average</i> _____ | <i>Needs Improvement</i> _____ |
| Neat, Clean Appearance: | | |
| <i>Above average</i> _____ | <i>Average</i> _____ | <i>Needs Improvement</i> _____ |
| How would you rate the overall development of this student: | | |
| <i>Above average</i> _____ | <i>Average</i> _____ | <i>Needs Improvement</i> _____ |
| If Grades are given, how would you grade this student? (A, B, C, etc.) _____ | | |

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Please Give Your Personal Comments:

Name of Person Completing this Form: _____
Please Print Name

Your Qualifications: _____

Your Signature: _____ Date: _____

Phone # to reach you by. We may call you to verify the filling out of this form: _____

THANK YOU!

Please return in Envelope Provided

| |
|----------------------------|
| School Office use only: |
| Verified: _____ |
| Date Credit Awarded: _____ |
| Initialed by: _____ |