

Music Teacher Recommendation Form

South Eastern Massachusetts School Bandmasters Association

STUDENT SECTION

Please have a music teacher complete this recommendation form and return it to you in a sealed envelope. This recommendation must be from a recent music teacher. Neither of your recommendations may come from a parent/guardian or close relative. **Include this sealed recommendation in your application packet.**

Student's name _____ Date ____/____/____

Student's address _____

Phone (____) _____ - _____

TEACHER SECTION

This candidate has applied for consideration for a scholarship for private music lessons or a college scholarship through SEMSBA. Your cooperation is essential to make certain participants are of the required caliber. Please check the areas indicated below, grading the candidate according to the scale.

	Excellent	Good	Fair	Poor
Listening skills	_____	_____	_____	_____
Playing/singing skills	_____	_____	_____	_____
Articulation (ability to communicate clearly)	_____	_____	_____	_____
Initiative (as shown through past activities)	_____	_____	_____	_____
Maturity and recognition of responsibilities	_____	_____	_____	_____
Personal presence (personality, energy)	_____	_____	_____	_____
Awareness of and enthusiasm for the program	_____	_____	_____	_____
Attitude and flexibility	_____	_____	_____	_____

OVERALL RECOMMENDATION (check one): RECOMMEND DO NOT RECOMMEND

How long have you known this student? _____

Information about the person making this recommendation (please print clearly):

Name (SIGNATURE) _____

Name (PRINT): MR./MS./DR. _____ Title/Position _____
First name last name

School or place of employment _____ Phone (____) _____ - _____

School address _____
Street city state zip

Email address _____ @ _____ . _____ . _____ . _____

Subject taught and grade level (if applicable) _____ Date ____/____/____

