

Transfer Student Interview and Evaluation

Date _____

Name _____ Birthdate _____

E-Mail _____ Internet Access? yes no

School _____ Do you like School? yes no

Favorite Subjects _____

Favorite things to do? _____

Use three words to describe yourself: _____

For how many years have you taken piano lessons? _____

Who was your previous teacher? _____

Why are you switching teachers? _____

Do you want to take piano lessons? yes no

Why? (list specific goals) _____

Are you involved in other music activities? _____

Do you commit to practice consistently? (at least 5 days/wk) yes

What books has the student used? _____

Additional Notes:

Date of First Lesson _____

Recommended Books/Materials:

	less proficient			very proficient
Aural Skills				
have them clap back various rhythm patterns	1	2	3	4
have them listen and try to clap with the pulse as I play	1	2	3	4
have them pick out the melody for <i>Twinkle, Twinkle, Little Star</i>	1	2	3	4
<i>comments:</i>				
Visual Skills				
have them clap several rhythm patterns that are placed in front of them	1	2	3	4
have them sight-read:	1	2	3	4
<i>comments:</i>				
Kinesthetic Skills				
have them play several scales, if able	1	2	3	4
<i>comments:</i>				
Improvisation				
<i>Specify a style and improvise on black keys with the student: waltz, circus, cowboy, flowing, jazzy</i>				
Did they maintain a steady beat?	1	2	3	4
Were they relaxed and free in their technique?	1	2	3	4
Did they incorporate the specified style of playing?	1	2	3	4
<i>comments:</i>				
Social Skills				
did they have:	<input type="checkbox"/> a good attitude		<input type="checkbox"/> a bad attitude	
were they:	<input type="checkbox"/> outgoing		<input type="checkbox"/> shy	
were they:	<input type="checkbox"/> willing to answer questions		<input type="checkbox"/> hesitant to answer questions	
were they:	<input type="checkbox"/> eager to participate		<input type="checkbox"/> embarrassed	
did they:	<input type="checkbox"/> follow directions well		<input type="checkbox"/> get easily distracted	
<i>comments:</i>				

Playing Skills

Piece #1 Title: _____

Continuity	1	2	3	4
Note Accuracy	1	2	3	4
Rhythm Accuracy	1	2	3	4
Dynamics, Articulations	1	2	3	4
Phrasing, Voicing, Balance	1	2	3	4

comments:

Piece #2 Title: _____

Continuity	1	2	3	4
Note Accuracy	1	2	3	4
Rhythm Accuracy	1	2	3	4
Dynamics, Articulations	1	2	3	4
Phrasing, Voicing, Balance	1	2	3	4

comments:

Theory and Vocabulary Skills

Could they identify clefs?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Could they identify the time signature?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Could they identify the key signature?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Could they identify note names?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Could they identify rhythmic values?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Could they identify intervals?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Could they identify dynamic symbols?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Could they identify other music symbols and terms?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Other:	<input type="checkbox"/> yes	<input type="checkbox"/> no
Other:	<input type="checkbox"/> yes	<input type="checkbox"/> no

comments:

Music Progressions Level Placement

1 2 3 4 5 6 7 8 9 10

Additional Observations

Parent Questionnaire

Date _____

Parents' Names _____ Home Phone _____

E-Mail _____ Cell Phone _____

Address _____ City _____ Zip _____

Student Name _____

Do you have a piano in your home? yes no Brand _____

Date of last tuning (approximate) _____ Will you commit to tuning 1/year? _____

On a scale of 1 to 5 (1 being the least and 5 being the greatest) how important is your child's musical education to you? 1 2 3 4 5

On a scale of 1 to 5 how important is your child's participation in other extra-curricular activities?

Sports 1 2 3 4 5 amount of time per week _____

School Clubs 1 2 3 4 5 amount of time per week _____

Church Activities 1 2 3 4 5 amount of time per week _____

Other _____ 1 2 3 4 5 amount of time per week _____

Other _____ 1 2 3 4 5 amount of time per week _____

Briefly describe the extent of your musical background/understanding:

What goals do you have for your child in the area of music?

Provide a brief description of your child, including temperament, learning style, what motivates them, and any other information that you feel would enable me to better understand and teach them:

Are you willing to schedule and ensure that daily practicing is completed? _____

Please sign here if you have read, and agree to abide by, the studio policy: _____