

**Instrumental Teacher Recommendation Form
MYS Debut Orchestra Participation**



STUDENT NAME _____

HOME PHONE _____

PARENT EMAIL _____

Instrument _____ # years played _____

School _____ District _____

School Orchestra Teacher (print) _____
(if applicable)

Taking Private Lessons: YES or NO

Private Teacher (print) _____
(if applicable)

Signature of recommending teacher

Date

**Please complete the following evaluation by rating your student
on a scale of 1 to 5 (1=poor 5=excellent)**

- | | | | | | |
|-----------------------|---|---|---|---|---|
| 1. Basic bow hold | 1 | 2 | 3 | 4 | 5 |
| 2. Left-hand position | 1 | 2 | 3 | 4 | 5 |
| 3. Tone production | 1 | 2 | 3 | 4 | 5 |
| 4. Reading skills | 1 | 2 | 3 | 4 | 5 |
| 5. Overall behavior | 1 | 2 | 3 | 4 | 5 |

Thank you for your assistance in recommending this student!

Parent signature of consent for recommendation

Date

Teachers may fax this form to: 480-456-9502 or email to: office@azmys.org
It can be mailed to: MYS, PO Box 4, Mesa, AZ 85211-0004

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