

PO Box 569 Green Lake, WI 54941 (920) 748-9398

2018 CHAMBER MUSIC CAMP - TEACHER RECOMMENDATION FORM

		Studer	IL					
l Name				Date				
Street Address	ddress				Apt./Unit#			
 City	 State				 Zip Code			
Main Instrument		□ Cello	Years	of Study	-			
Secondary Instrument								
Please give this form to a mus								
		Music Edu						
Full Name	l Name				Position			
Name of School (if applicable)								
Street Address					State	Zin Code		
Home Phone			City		State	Zip Code		
How long have you known this student?								
Please address your student's musical abi								
Overall musical talent	iities. ci 1	2	3	4	5	ratiligj		
Tone Quality	1	2	3	4	5			
Rhythm	1	2	3	4	5			
Intonation	1	2	3	4	5			
Technique	1	2	3	4	5			
Style/Interpretation	1	2	3	4	5			
Musical reading skills	1	2	3	4	5			
Musical work habits	1	2	3	4	5			
Please address your student's character:								
Positive attitude	1	2	3	4	5			
Respects teachers	1	2	3	4	5			
Respects peers	1	2	3	4	5			
Respects property of others	1	2	3	4	5			
Gets along well with others	1	2	3	4	5			
Curious, seeks out knowledge	1	2	3	4	5			
Accepts constructive criticism	1	2	3	4	5			
Responsible/Mature	1	2	3	4	5			
Shows leadership skills	1	2	3	4	5			
Additional comments? (please use the bad	ck of thi	s form)						
Signature of Applicant				Date				

Please mail the completed form to: Green Lake Festival Chamber Music Camp, PO Box 569, Green Lake, WI 54941.

If you prefer to fill out this form online, please visit: