

## 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
<b>Aural Skills</b>				
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>				
<b>Visual Skills</b>				
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>				
<b>Kinesthetic Skills</b>				
have them play several scales, if able	1	2	3	4
<i>comments:</i>				
<b>Improvisation</b>				
<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>				
<b>Social Skills</b>				
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: \_\_\_\_\_