

TEACHER RECOMMENDATION FORM

Note to student: Please mail the completed form to the address listed at the right.



1 Aspen Circle, Innsbrook, MO 63390
 Phone: (636)928-3366 ext. 218
 Email: institute@innsbrook-resort.com
 Web: www.innsbrookinstitute.org

STUDENT'S NAME: _____

STUDENT'S INSTRUMENT: _____

Dear Private Applied Instructor:

The student listed above is applying for admission to the Innsbrook Institute Summer Music Academy, an advanced chamber music camp servicing pre-professional level students. Your candid assessment of this student's musical development and potential will be very helpful to the school in making its decision and in placing students in appropriate groups. This information is confidential. **Please complete this form and return it to the student.**

How long have you known the student (years)? 1 or less 2 3 4 5 6 7 or more

Please assess the student in terms of skills and potential in the following categories.
"Average" represents a serious student who is well into the concerto literature:

	Below Average	Average	Good	Excellent	Outstanding
Musicality/Phrasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhythm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pitch/Intonation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy in Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sight-Reading/ Facility in Learning New Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tone Quality/Sound Production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please assess the student's attitude in regards to:

	Below Average	Average	Good	Excellent	Outstanding
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline/Preparation for Lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Towards Criticism/Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you seen this student interact with other students? Yes No

If yes, how does the student interact? Very well Above normal Average With difficulty Keeps to self

Please add any additional comments on the back of this form.

This confidential statement is made by: _____

Position: _____

Phone: _____

Email: _____

Date: _____ Signature (required) _____

TEACHER'S INSTRUCTIONS UPON COMPLETION: Please place this completed form in a sealed envelope. Please PRINT the student's name on the front of the envelope. Please write your signature across the sealed portion of the envelope and return the envelope to the student. Thank you.

Attention Students, Please Mail this Form to:
 Innsbrook Institute, 1 Aspen Circle, Innsbrook, MO 63390
Questions? Call 636-928-3366 ext. 218 or 314-766-7456
 or email institute@innsbrook-resort.com