

Special Music School at Kaufman Center

MUSIC TEACHER EVALUATION FORM FOR ADMISSION TO GRADES 3-8

Name of Child: _____ Instrument: _____

Instrumental Teacher: _____

School Affiliation (if any): _____

Phone: _____ Email: _____

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Dear Colleague:

The above-named child is an applicant to the Special Music School at Kaufman Center (P.S. 859), a New York City Department of Education school for musically-gifted children. Kindly complete this evaluation form and return it by **March 15, 2013** to:

Office of Admissions
Special Music School
Kaufman Center
129 West 67th Street
New York, NY 10023

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How long has the applicant studied with you?

Please comment on his/her practice habits. Does the applicant have any difficulty balancing homework with their after-school music practice?

Is music central to the life of this student? Please explain.

Do you think that this applicant would flourish in an environment in which there are very high expectations for practice and performance?

Additional comments?

I hereby certify that this document was completed by my hand and by no other.

Signature: _____ Date: _____