

EVALUATION /INFORMATION GATHERING Student: _____

Please take a few moments to honestly fill this out, and provide any feedback that you feel might be helpful. I strive to provide your child with the best possible lessons I can, and the more info I have the better I can do that! THANKS!

Does your child enjoy coming to lessons? (10 being the highest/positive)

1 2 3 4 5 6 7 8 9 10

Is it a struggle to get your child to practice? (1 is a big struggle, 10 not)

1 2 3 4 5 6 7 8 9 10

Do they enjoy practicing (once they get going, if it's a struggle!)

1 2 3 4 5 6 7 8 9 10

Do you have a 'regular' time that is music time? Where does your child practice? (Location of instrument?)

Are my expectations clear enough, or would you prefer even more structure for practice (ie. number of times to practice each song, etc.)?

Are they assigned an appropriate amount of material each week? Too much? Too little?

Are you satisfied with their progress?

1 2 3 4 5 6 7 8 9 10

Do you think the material they are working on is challenging enough? Too challenging? Anything you'd like to see more of?

Any other thoughts? What does your child enjoy most? Anything at all you would like me to know?
