



TEACHER RECOMMENDATION FORM

(Music teacher or ensemble conductor(s) are preferred)

Please complete this form and submit it by **April 7, 2017** via Email: info@famejazzband.org Fax: 240-554-1555; or mail form to FAME, P O Box 2228, Bowie, MD 20718-2228, postmarked by April 7, 2017. If you require more information, please visit www.famejazzband.org or call 301-805-5358. Print or type.

STUDENT INFORMATION:

Student's Name: _____ Instrument _____
First Middle Last

School Name _____ Grade Level: _____

School Address _____ City/State/Zip: _____

TEACHER INFORMATION:

Name _____

Job Title / Relationship to Student: _____. I have known the student for _____ years/Months.

School/Organization _____

Address: _____ City/State/Zip: _____

Email _____ Office Phone _____ Cell _____

Please rate the student:

Musical Ability	Excellent	Good	Average	Below Average	Unable to rate
Technical Skill	<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"/>
Musicality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sight Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Qualities	Excellent	Good	Average	Below Average	Unable to rate
Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focus/Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is this student's Strength:

What is this student's Weakness:

Do you have confidence that the student will comply with FAME policies and procedures?

How strongly do you recommend this student? 1____ 2____ 3____ 4____ 5____

Additional Comments? _____

Signature _____ **Date** ____ / ____ / ____