



NEW YORK SUMMER  
MUSIC FESTIVAL  
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## TEACHER RECOMMENDATION FORM • 2010

Student's Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

*The individual listed above is applying for admission to the New York Summer Music Festival (NYSMF). A recommendation is required for admission to the Festival. Please return this completed form to the student or mail/fax/email it directly to the Festival. Emailed recommendation letters are also accepted. If you require more information about our program, please visit our website ([www.nysmf.org](http://www.nysmf.org)) or contact us for a copy of our brochure. Thank you for your assistance.*

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_\_ E-Mail \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_

♦ How long have you known the student? \_\_\_\_\_ YRS

♦ What is your relationship to the student?

Music Teacher  Ensemble Conductor  Private Lesson Teacher  Other \_\_\_\_\_

<b>Musical Ability</b>	Superior	Excellent	Good	Fair	Weak	N/A
Basic Talent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhythmic Sense	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Intonation	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Personal Qualities</b>	Superior	Excellent	Good	Fair	Weak	N/A
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Social Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Comments

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Please ensure your email address is complete, correct, and legible. All NYSMF correspondence is sent via email.

(please continue on back if needed)