

INTERVIEW/STUDENT INFORMATION

Name: _____

Starting Date: _____

Address:

Phone (cell/area/work):

E-mail:

Profession:

Primary Hobbies/Interests:

Musical Experience:

Previous Piano Study History:

Years of piano study:

Type of music preferred:

- 1) Listening
- 2) Playing

Goals for piano study (short and long term):

- 1) Short Term
- 2) Long Term

Current Repertoire:

Memorized?	Y	N	Attempted		
Rating of Performance:	1	2	3	4	5
	No exper.				Highly skilled

Additional comments:

Technique:	1	2	3	4	5
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Sight Reading:	1	2	3	4	5
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General Comments:

Repertoire Chosen: