

TR BEGINNING BAND MEMBER INFORMATION

Student Name _____

Address _____

Phone _____

Email _____

Elementary School: HC PP SB LC Other _____

Do you know how to play any instruments already? If yes, which ones? _____

On a scale of 1 to 10 how hard do you work on your school work? _____

What grades do you usually get in all of your classes? _____ Are you organized? _____

What do you like to do for fun or activities? _____

On a scale of 1 to 10 how clean is your room? _____ Your desk at school? _____

Would you be willing to take private lessons in addition to band? _____

On a scale of 1 to 10 how interested are you in learning to play an instrument? _____

Please mark which instruments you would like to try today.

Flute _____

Horn _____

Oboe _____

Cornet/Trumpet _____

Clarinet _____

Trombone _____

Alto Sax _____

Baritone/Tuba _____

Percussion _____

Parents:

Does your child have Special Education accommodations? YES NO

If yes, what accommodations are included in the plan? _____

Does your child receive special services (speech, etc.) YES NO

If yes, for what areas? _____

Final Instrument Selection _____

Class Time _____

Teacher Initials _____

Comments:

TR BEGINNING BAND MEMBER INFORMATION P. 2

Percussion

Rhythmic Skills- 1 2 3 4

Note Reading 1 2 3 4

Coordination 1 2 3 4

Wind Instruments

Lips/Embouchure very thin thin average full very full

Aperture Formation all very loose loose corners puffing too tight/pinched

Teeth straight very crooked slight overbite strong overbite
slight underbite strong underbite

Future Braces Yes Maybe No

Finger/Hand Size very small small medium large very large

Ease of Buzzing 1 2 3 4

Ease of Woodwind Embouchure 1 2 3 4

Ease of Flute Embouchure 1 2 3 4

Finger Dexterity 1 2 3 4

Music Teacher Recommendation of work habits: _____

NWEA Percentile Score in Math: _____ Reading: _____

Interest in Private Lessons: _____

Special Notes: _____

Parent Signature: _____ Date: _____