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Questionnaire

Your comments and evaluation are very important to us as we begin each year of piano study. We appreciate your insight as you complete this form.

date updated 8/31/05

Today's Date:

Adult Student Name:
[PLEASE PRINT]

Spouse Name:

Phone Numbers:

Home:

Work:
Cell phone:

Spouse Work:
Spouse Cell phone:

Preferred Email for Contacting:

Street Address

Town

Zip code

Age (Optional but helpful!):

Person to Contact In Case of Emergency (after spouse)

Name:
Relationship:
Phone Number:

How Did You Hear Of the Studio? (circle all that apply)

- Suburban News
- Westfield Leader
- Internet
- Kids Guide
- St. Helen's Bulletin
- Friend (please name family)
- Other (Please mention where)

Scheduling — Your Availability For Lessons and Makeups

So we can best schedule lessons for your family, Keep in mind kids schedules and traveling obligations. Also indicate any days not available.

	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thurs</u>
Times Available (2:00-9:30pm)				
Other Commitments & Times (i.e. kids schedules, traveling obligations)				

Teacher, Day, Time, and Lesson Length Preferences (PLEASE CIRCLE)

Paul Nazzaro (Mon-Thurs) 2:00-9:30 PM
Tasha Gwin (Mon & Wed) 3:45-8:30 PM
Dr. Galina Zisk (Tues & Thurs) 2:00-8:30 PM

30 minutes 45 Minutes 60 Minutes

Availability: Mon Tues Wed Thurs Fri

Earliest Time Available:

Latest Time Available:

Preferred Day and Time Range:

I have read, understand, and agree to both sides of the Admissions Agreement, have read and agree to the Studio Policies as listed on the Admissions Agreement, and have a copy of the Yearly Lesson Schedule & the Weekly Practice Schedule, and have filled out IN FULL the Introductory Questionnaire or Annual Information Update.

PARENT or ADULT STUDENT'S SIGNATURE: _____ DATE OF SIGNATURE:

PRINT PARENT or ADULT STUDENT'S NAME: _____

SECTION A: Family Musical Background

What instruments are played in the family? By whom?

What music study have your parents had?

What contact with classical music does the family have? (attending concerts, heard at church, listening to recordings or radio, etc.)

SECTION B: Previous Musical Experience

Instrument:
Years of study:
Teacher Name:

Instrument:
Years of study:
Teacher Name:

Approximate Level: (Please circle one)

Absolute Beginner Beginner
Intermediate Advanced College Trained

Example Repertoire Pieces:

SECTION C: Are there other points which you feel might be helpful for us to know as we begin lessons?

Visual/Eye Problems (e.g. glasses, contacts, etc.):

General Physical Wellness:

Hearing:

Allergies (please list):

Right-Handed? Left-Handed? (Circle one)

Other:

SECTION D: Piano and/or Keyboard Information

Piano:

Brand (e.g. Steinway):

Kind (e.g. spinet, full upright, baby grand)

Year Made (estimate if needed):

Condition:

Last date Tuned (estimate if needed):

Keyboard/Digital Piano:

Brand (e.g. Yamaha):

Model (e.g. PSR-530)

Kind (e.g. keyboard, synthesizer, digital piano)

Year Made (estimate if needed):

Condition:

Number of keys:

List accessories you have (e.g. sustain pedal, keyboard stand, headphones, bench):

SECTION E: Other Important Questions

Transfer Students:

Why did you stop lessons with previous teacher?

Favorite styles of music? (classics, popular standards (e.g. Gershwin/Rodgers & Hart), rock, jazz, Broadway, New Age, etc.)

What would you like to accomplish at this studio?

How would you complete this sentence?

“The reason I am beginning piano lessons is because....”