

Music Teacher Reference Form

CONFIDENTIAL



Name (Music Teacher): Phone: ()

Name of Candidate:

School attended by candidate:

Candidate Profile (completed by Music Teacher)

Please accurately rate the applicant in the following areas by circling the appropriate word and provide examples that qualify the rate in the space provided.

1. Attitude and commitment to their Music education

Outstanding Above Average Average Below Average

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2. Ability displayed in individual music performance

Outstanding Above Average Average Below Average

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3. Ability displayed in classroom music

Outstanding Above Average Average Below Average

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4. Contribution to music in the school and/or in the community

Outstanding Above Average Average Below Average

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5. Please comment on the candidate's potential to benefit from gaining a Music Scholarship at Central Coast Grammar School:

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6. Any further comments:

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..... (Please attach further pages if necessary)

Music Teacher's Signature _____ Date

Please return this form directly to:

Registrar - Central Coast Grammar School
Arundel Road
Erina Heights NSW 2260

Teacher to forward directly to the school, NOT through the student or parent