

Music Teacher Reference Form

CONFIDENTIAL



CENTRAL COAST
GRAMMAR SCHOOL

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 email this completed form directly to:

Enrolments Manager at enrol@ccgs.nsw.edu.au

Please send the completed form directly to the school, not via the student or parent.