



Student Recommendation Form

General Information

Your Name:		Student Name:	
Phone #:		Relationship to Student:	
Email:		Years Taught/Known:	

Student Ratings

	1 = Unknown	2 = Poor	3 = Okay	4 = Good	5 = Very Good
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Double click square and select "checked" under Default Value for your selections.

Knowledge of & Involvement in Irish Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

Current Musical Ability on Instrument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

Attentiveness to Instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

Suitability for Attending Classes with Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

Exhibited Behavior in Your Presence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

Ability to Learn by Ear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments

Your Personal Evaluation

COMMENTS

Verification of Review

By signing this form, you confirm that you personally know the student and are able to give your recommendation for student's attendance of the O'Flaherty Irish Music Retreat through obtaining an age exception. This form will be held in strict confidence and not shared with the student.

Teacher/Musician Signature		Date	
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