

TEACHER RECOMMENDATION FORM

Sequoia Chamber Music Workshop 2010

Applicant: This form MUST be filled out by your PRIVATE music instructor

Teacher: This form outlines some of the basic prerequisites for successful participation at Sequoia. Please be aware that because Sequoia revolves around the intense study of chamber music, your candid and honest evaluation of your student's abilities are critical, especially in their basic sight-reading and technical skills, to help us insure a positive experience for both your student and the rest of the workshop. Your help is greatly appreciated. These evaluations will be kept strictly confidential. If you have any questions about this form or Sequoia itself, please feel to contact me by email or at the number listed below.

In order to keep this form confidential, please send DIRECTLY by APRIL 9 to

Ethan Filner, Associate Director
Sequoia Chamber Music Workshop
2523 46th Ave., San Francisco, CA 94116

Phone : (415) 938-7839
E-mail: sequoia@humboldt.edu

Student Name _____ **Instrument** _____

Teacher name _____ Phone _____

Address _____ E-mail _____

City, State, Zip _____

Please rate your student in the following areas – keep in mind that Sequoia's emphasis is on rapid learning and performing a wide range of chamber music.

	Excellent	Good	Average	Fair
Musicality/interpretation				
Technical Skills				
Sight Reading Ability				
Rhythmic Independence				
Speed of learning				
Sensitivity in group playing				

Each day all students spend up to two hours sight-reading chamber music in groups. Please describe your student's sight reading abilities and quickness of learning. Give an example of a chamber music work that he/she might be able to play functionally on a first or second reading.

Please describe your student's experience in chamber music. We are interested especially in the student's ability to be independent rhythmically, to add musical interpretations, and to get along well with others.

What Solo literature have you been working on with your student recently and for how long?

Teacher Signature _____ Date _____