



Teacher Recommendation Form
MYA Young Musicians Chamber Music Camp

Name of Student _____ Instrument: _____

Name of Teacher _____ Teacher's Phone: _____

Number of years working with student: _____

Teacher's Email Address _____ @ _____

Most polished piece: _____

Currently working on: _____

Please evaluate your student's ability level in the following areas:
(1 – Excellent, 5 – Weak)

Sight reading skills	1	2	3	4	5
Ability to learn new music quickly	1	2	3	4	5
Ease in learning new concepts	1	2	3	4	5
Confidence in solo performance	1	2	3	4	5
Work Ethic	1	2	3	4	5
Student Leadership/Initiative	1	2	3	4	5

Additional comments that may be helpful:

Please return to:
Midwest Young Artists
878 Lyster Road
Highwood, IL 60040

Fax: 847-926-4787