

BLANCO MUSIC STUDIO
PIANO INSTRUCTION
STUDENT INFORMATION FORM

Date: _____

Student Name: _____ Age: _____

(if a minor) Parent/Guardian Name(s): _____

Address: _____

Home Phone: _____

Email: _____

Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

School Grade: _____ Teacher Name: _____

School Phone: _____

1. Is there an instrument in the home? Yes No
2. Has the student previously studied an instrument? Yes No
3. If yes, what instrument was studied? _____
4. Has a parent or guardian studied an instrument? Yes No
5. If yes, what instrument was studied? _____
6. Has the student expressed interest learning the piano? Yes No
7. Which learning style best describes the student? Visual___ Auditory___ Kinesthetic___
8. Please describe the student's strengths?

9. Please describe the student's needs?

10. Please provide any additional information regarding the student below that may be helpful to the instructor when developing the student's curriculum.

11. Does the student have a physical___, cognitive___, developmental delay___, auditory___, or visual___ challenge? If so, please explain.

12. Does the student have an Individualized Education Plan? Yes No

13. How does the student respond to directions?

14. How does the student respond to constructive feedback?

15. Would you grant permission to contact the student's teacher if I feel it necessary to assist in developing the best teaching approach for the student?
Yes No