

BLANCO MUSIC STUDIO
VOCAL 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 a piano or keyboard in the home? Yes No
2. Has the student previously studied any instrument (including voice)? Yes No
3. If yes, what instrument was studied? _____
4. Has anyone in the family or household studied an instrument or voice?
Yes No
5. If yes, what instrument was studied? _____
6. Has the student expressed interest studying voice? 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