

NEW STUDENT QUESTIONNAIRE

Name:

Regular lesson time:

Contact information:

Phone:

Email:

Experience:

Reads music? (circle one): **Yes** **No**

Other instruments played:

Other languages spoken:

Physical activities:

Student's vocal goals:

Favorite genres/artists:

FOR THE TEACHER

Range:

Tessitura:

	<i>Poor</i>			<i>Excellent</i>	
Pitch matching ability:	1	2	3	4	5
Posture:	1	2	3	4	5
Breath:	1	2	3	4	5
Onset:	1	2	3	4	5
Support:	1	2	3	4	5
Resonance:	1	2	3	4	5
Diction:	1	2	3	4	5

Repertoire Ideas:

Notes: