Teacher's Getting to Know You Questionnaire for Piano Students

Name:	My birthday date is:	
1. Tick wha	t is right for you:	
	n learning to play the piano because I want to:	
	o play music I love for my own pleasure	
	 be like someone I know who plays really well impress my friends 	
	o please my parents	
	o achieve high marks in exams because I love a challenge	
	 be able to sing and play like an entertainer. 	
2. Who are	your musical heroes?	
3. Take a ph	oto or make a short video that shows you playing or sitting at your piano at home.	
4. What is y	our most favourite piece of music?	
	instruments you have ever played: xylophone, recorder, chime bars, tambourine, snare drum, violin. e names of other instruments you would like to play.	
6. Do you e	njoy school music? Why or why not?	
7 .	1 . 0	
7. Are you i	n a choir? If so, give details.	
8. Have you	ever seen a professional piano player perform? (Live or on YouTube)	
9. Are you a	good reader at school?	
10. What is	your favourite TV show?	
11. Have you ever performed on a stage in a group or by yourself? (play, dance, recite poetry, sing etc)		
12. What ar	e your favourite subjects at school?	
13. What do you want to be when you grow up?		
14. Have you ever been to a professional play, orchestral concert, opera or ballet?		
15. Have yo	u ever performed in or been to an Eisteddfod?	
16. What no	n-music activities do you do after school?	
17. What are	e your favourite sports and hobbies?	
18. What is	the hardest thing you have ever done?	
19. Do any	of your friends learn an instrument, dance, sing or perform in plays?	
20. How ma	ny people live with you at home?What is the age of the youngest person?	
21. Do you	like singing?	
22. What is	your favourite dinner?	
23. What is	your favourite animal?	
24 Is there	anything else you would like to tell me about yourself	

Confidential Questionnaire for the Parent or Carer of a Piano Student

Name of Student:	Date of birth:
School:Year:_	Teacher's Name:
Best adult contact details in case of an emergen	cy:
Adult 1	Adult 2:
Name:	Name:
Mobile phone/s:	Mobile phone/s:
Landline:	Landline:
Home email:	Home email:
Work phone/email:	Work phone/email:
is hearing or visually impaired?self-motivatedable to meet deadlines	
-	
	mmunted muestice?
	erature control?
	If yes, name please:
	e student with practice?
 If a lesson is missed because of the sa a make-up lesson for when the sapermanent SPARE LESSON TIME as a makeup time and is available for booked at the same time as the phone. One spare lesson time is permitted perfectly of the same time as the phone. If there is a student absence of more student in lieu of missed lessons. The and marking time of this written work. A teacher's absence will be either reference. 	ssed lesson for any reason cannot be refunded. tudent's sickness, a worksheet will be provided as tudent is well enough to do it. However, one has been allocated per week on or any student. This spare lesson time needs to be a call notifying the teacher of the absence.

Fee-payer's signature: ______ Date: _____