

TEACHER RECOMMENDATION FORM IMMERSION WORKSHOPS

Please have a teacher familiar with your work complete this form.

For in-person auditions (Acting, Ballet and Voice Workshops only), please bring form to audition.

For online auditions, please submit with online audition materials.

Student Information	
Applicant Name	Date of Birth
School	Grade
Name of Teacher Completing this Form	Name/Level of Course that the Student Studied

Place a check in the box the best exemplifies your assessment of the applicant.

Behavioral and Social Skills					
	Superior	Excellent	Average	Below Average	Unknown
Cooperative					
Respectful					
Works Well with Others					
Emotionally Mature					
Work Ethic					
	Superior	Excellent	Average	Below Average	Unknown
Able to Work Independently					
Pays Attention to Detail					
Stays on Task					
Problem Solving					
Clear Goals and Dedication					

Program applying to:	<input type="checkbox"/> Acting	<input type="checkbox"/> Ballet	<input type="checkbox"/> Musical Theatre	<input type="checkbox"/> Piano	<input type="checkbox"/> Voice
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Skills – please complete the skills list as appropriate to the program of study (some fields are specific to music, for example, so N/A would apply)					
	Superior	Excellent	Average	Below Average	N/A
Creative Ability					
Vocal Skills					
Characterization Skills					
Dance/Movement Skills					
Performance Comfort Level					
Music Creativity					
History & Music Theory Knowledge					
Musicianship					

Additional Comments

After reading the description of the immersion program do you think that this is an environment in which the student would be successful and happy?

Please provide any additional information that you think would be helpful to us in making our decision.

Teacher Information	
Teacher Signature	Phone
School	Email