

# 2025 MUSIC REFERENCE SHEET

To be completed by student's current instrumental teacher/tutor.

\*\*\* This information is to be treated as confidential. Teachers/Tutors are to please return this form to [woodvale.sc.enrolments@education.wa.edu.au](mailto:woodvale.sc.enrolments@education.wa.edu.au). NOT via the student/parent/caregiver.

Student's Name:

Teacher/Tutor's Name:

Instrument:

As an instrumental teacher/tutor, are you employed by IMSS, the school or privately?

IMSS

☐

School

☐

Private

☐

Please indicate which (if any) of these courses you have been following with this student

Dept. of Education

☐

AMEB

☐

ABRSM

☐

Trinity College

☐

Other:

Student's practice habits:

Excellent

☐

Good

☐

Average

☐

Poor

☐

Student's attitude to instrument and practice:

Very High

☐

High

☐

Reasonable

☐

Low

☐

Can the student sing in tune?

Yes

☐

No

☐

Unsure

☐

Does the student have any known dental or physical problems that may affect their ability to play a wind instrument?

Comments regarding suitability for the Specialist Music Program

General comment regarding student

Teacher/Tutor's Signature:

Date:

[Email to Enrolments Officer, Woodvale Secondary College](mailto:woodvale.sc.enrolments@education.wa.edu.au)