

VOCAL STUDENT QUESTIONNAIRE

Name: _____ Age: _____

Parents: (If student is a minor) _____

Home Phone: _____ Cell: _____

Work: _____ E-mail: _____

Vocal Experience category:

- | | | | |
|---|-----------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Adult Student | <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Experienced |
| <input type="checkbox"/> Post-Secondary Vocal Student | <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Experienced |
| <input type="checkbox"/> High School Student | <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Experienced |
| <input type="checkbox"/> Elementary School Student | <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Experienced |

Previous Vocal Experience: (If applicable) _____

Previous Instructor: _____ When? _____

Why did you discontinue lessons with this instructor? _____

Why are you interested in singing lessons? _____

What do you find most challenging when/about singing? _____

What are your singing goals? _____

What kind of music are interested in singing? (Check all that apply)

- Classical Musical Theatre Pop/Rock Jazz Original/songwriting
 Other (please specify) _____

Questions, concerns or comments: _____