

# SHINICHI SUZUKI – AMERICAN SUZUKI FOUNDATION TEACHER TRAINING SCHOLARSHIP RECOMMENDATION FORM

(Name of applicant)

is requesting a recommendation from you, attesting to his/her character and competence, or potential as a music teacher. Please take the time to complete the form below. Feel free to add any comments at the bottom of this page or on a separate piece of paper.

How long have you known the candidate? \_\_\_\_\_

Under what circumstances? \_\_\_\_\_

	<u>No Basis For Judgement</u>	<u>Lower 50%</u>	<u>Upper 50%</u>	<u>Upper 25%</u>	<u>Upper 10%</u>	<u>Exceptional</u>
Basic musicianship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to exchange and share ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance toward goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express self verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express self in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm for teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the strength of your overall recommendation by placing an "X" in the applicable box:

**Not Recommended**

**Recommended with  
Some Reservations**

**Recommend**

**Highly  
Recommend**

Comments:

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Signature \_\_\_\_\_

Date \_\_\_\_\_

Position \_\_\_\_\_

RETURN COMPLETED FORM TO [SUZUKI@UWSP.EDU](mailto:SUZUKI@UWSP.EDU) BY MAY 31