

Greater Hartford Chapter American Guild of Organists

JOLIDON FUND ♦ PRIVATE ORGAN STUDY

STUDENT'S EVALUATION

STUDENT CONTACT INFO:

Name _____ Age _____ Date _____
Home phone _____ Cell _____ E-mail _____

INSTRUCTOR CONTACT INFO:

Name _____
Home phone _____ Cell _____ E-mail _____

Six-month study period began: ____ / ____ / ____, ended: ____ / ____ / ____

Lessons took place: ____ weekly ____ bi-weekly ____ monthly ____ other

Duration of lessons: _____

List some of the music you studied:

Describe performance experiences (if any) that you had during your study (recital, church service, etc.)

Was your access to a practice instrument satisfactory?

How was this experience successful in helping you meet your goals?

How could your experience have been improved?

Do you intend to continue playing/studying the organ? If so, what are your long-term goals?

Additional comments:

May we contact you for further information? Yes

No

Return completed form (PDF) by email to: ben@gryk.com

or by mail to:
Benjamin Gryk
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