

# STRINGS Questionnaire

## Instrument \_\_\_\_\_

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1. Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

(Please circle the best way to get In touch with you)

2. Age, and If applicable, grade in school: \_\_\_\_\_

3. Hobbies: \_\_\_\_\_

\_\_\_\_\_

4. String Goals:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What kind of music do you listen to?

\_\_\_\_\_

6. What kind of music would you like play?

\_\_\_\_\_

7. Do you know how to sight-read or read music to any extent? Explain...

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. What would you like for me to specifically help you with while in lessons?

\_\_\_\_\_

\_\_\_\_\_

9. What kind of experience have you had playing strings or any other instrument and performing on stage?

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