

ONSIOW WINDS COMMUNITY BAND

High School Band Director's Recommendation Form

Student's Name _____ Telephone # _____

Instrument _____ Grade Level ____ Age ____ Parent(s) Name _____

Address _____

City _____ State _____ Zip _____

High School _____ Address _____

City _____ State _____ Zip _____

Director's Name _____ Director's Telephone # _____

Director's Recommendation

A. Musical Ability

- ☐ Well Above Grade Level
- ☐ Moderately Above Grade Level
- ☐ At Grade Level
- ☐ Below Grade Level

D. Attitude

- ☐ Well Above Average
- ☐ Moderately Above Average
- ☐ Average
- ☐ Below Average

B. Character and Maturity

- ☐ Well Above Average
- ☐ Moderately Above Average
- ☐ Average
- ☐ Below Average

E. Attendance

- ☐ Good
- ☐ Acceptable
- ☐ Poor

C. Dependability

- ☐ Good
- ☐ Acceptable
- ☐ Poor

F. Punctuality

- ☐ Good
- ☐ Acceptable
- ☐ Poor

____ I recommend this student participate in the Onslow Winds Community Band

____ I recommend this student participate in the Onslow Winds Community Band with reservations

____ I do not recommend this student participate in the Onslow Winds Community Band

Student Ensemble and Playing participation. Please select all that apply to this student (Include entire High School career)

- | | | |
|--------------------------------|--|-------------------------------|
| () Marching Band | () Concert Band (Standard) | () Concert Band (Honors) |
| () Jazz Band | () Chamber/Percussion Ensemble | () Community Band |
| () All State Band/Orchestra | () All District/Region Band/
Orchestra | () All County Band/Orchestra |
| () Private Lessons ____ Years | () Governor's School | () Church Band/Orchestra |

Director's Signature _____ Date _____

Parent's Signature _____ Date _____