

PRIVATE TEACHER VERIFICATION FORM

STUDENT NAME: _____

INSTRUMENT: _____

PRIVATE TEACHER NAME: _____

PRIVATE TEACHER PHONE: _____

LENGTH OF STUDY: _____

GOALS OF STUDENT IN TAKING PRIVATE LESSONS: _____

GOALS OF PRIVATE TEACHER FOR THE STUDENT: _____

HAVE YOU REACHED ANY OF THESE GOALS? IF SO, WHICH ONES:

STUDENT SIGNATURE

DATE

PRIVATE TEACHER SIGNATURE

DATE