

**MMTA's Music Connect Program  
Teacher Recommendation Form**

Date:

**Teacher Information**

Full Name:

Address:

City:

State:

Zip Code:

Home Phone: (please include area code)

Cell phone:

Email Address:

Studio Address (if different from above)

MTNA Member Number:

**Student Information:**

Student Name:

Is this student currently enrolled in your studio, and, if so, for how many years has this student studied with you?

Briefly describe your reasons for recommending this student for MMTA's Music Connect Program:

Briefly describe the interview process the student has completed for entry into your studio:

Briefly describe your assessment of the student's potential for success within your studio:

What is your regular hourly tuition fee? \_\_\_\_\_

For how many teaching weeks (up to 32) will this student be enrolled?

\_\_\_\_\_

.....  
"As a Massachusetts Music Teachers Association in good standing, I agree that, should the aforementioned student be accepted into the MMTA Music Connect Program, I will accept this student, \_\_\_\_\_(student's name) into my studio and offer him/her all the regular benefits of my studio for the academic year. I understand that I will be reimbursed at the rate of \$40.00 per teaching hour, at eight-week intervals, after filing the Teacher Evaluation/Verification Form with the Music Connect Program Chair, for the approved number of hours. I have read and I accept and agree to the terms of the MMTA Music Connect Program stated in the "Description for MMTA Teachers"

[http://www.mmta.net/web\\_content.aspx?page\\_name=musicconnectteacher](http://www.mmta.net/web_content.aspx?page_name=musicconnectteacher) and in the "Description for Student's Parent or Guardian"

[http://www.mmta.net/web\\_content.aspx?page\\_name=musicconnectparent](http://www.mmta.net/web_content.aspx?page_name=musicconnectparent).

MMTA Teacher's Signature: \_\_\_\_\_

Date: (please include day/month/year) \_\_\_\_\_