

Voice Student Questionnaire

Your name:

Phone #:

Do you text? Y / N Email:

Address:

1. Tell me about your singing experience and other music experience (instruments you play, etc).
2. What do you like about your voice?
3. What challenges do you have with your voice?
4. What would you like to accomplish with voice lessons?
5. Do you read music?
6. What kind of music do you like to sing?
7. What kind of music do you listen to?
8. Have you ever had voice lessons?
9. If so, when and for how long? and if so, what did you gain from them?
10. Have you been voiced? i.e. has someone told you you're a soprano or mezzo or other?
11. What voice type do *you* think you are?
12. Do you speak or have you studied diction for any language other than English?
13. Do you do yoga or Tai Chi or any other body/breath practice?
14. What do you think is the best method of learning for you? Auditory, visual, kinesthetic or mechanistic?
15. Have you felt supported by family, friends or professionals in your musical endeavors? Any negative messages in the past or currently?
16. Anything else I should know?

Schedule

Please mark any boxes below when you are available for lessons. Grayed out boxes are times I'm not available.

Winter 2013/14

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Daytime	Daytime	Daytime	Daytime	Daytime	Daytime	Daytime
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Lesson length preference:

30 minute lesson (not ideal, but we can discuss)

45 minute lesson

60 minute lesson

Frequency: Weekly Twice a month Once a month Other

Thanks! I look forward to working together.

Terri

terri@terrigrayum.com 503 939-3780 phone/text

P.S. I have a small dog that usually stays with me in the studio. Is this a problem for you (allergies, etc)? If so I can make arrangements for her to be elsewhere. She will bark when you first arrive, but settles down shortly. She loves people!