

West Salem Band Department

Proficiency Waiver Form

Semester _____ Year _____

Name of Private Teacher _____

Private Teacher Email _____

Private Teacher Cell Phone _____

Student Name _____ Ensemble _____

In order for the student to obtain a proficiency waiver, they must take an average of one lesson per week to qualify. Please indicate how many lessons this student took this semester and sign below. If lessons begin after the semester has started, prorating the proficiencies is possible. Please also verify that this student is prepared for lessons and practicing and improvement is evident.

Number of lessons this student took this semester (full semester is 18): _____

Is this student prepared for lessons and improving based on their level?: _____

Private Teacher Signature _____ Date _____

Please list any books or solos this student has been working on this semester:
