

# Group Lesson Questionnaire

Name:

Address:

City:

Zip Code:

Telephone:

Email:

School (If Applicable)

Music Teacher (If Applicable)

Please Answer The Following Questions:

1. Do you currently take music lessons? If so, on what instrument?  
And with whom are you studying with (optional)?
  
2. Have you taken music lessons in past? If so, what do you feel  
you've gotten out of these lessons?
  
3. What level do you feel you've progressed to?  
Beginner/Intermediate/Advanced?

