



INSTITUTE OF REGISTERED MUSIC TEACHERS OF NEW ZEALAND

The Registrar
P O Box 4122
Christchurch 8140

**REFEREE'S LESSON OBSERVATION FORM from 2012
For Provisional to Associate Application**

On: *(Applicant's name and address to be completed by Applicant)*

Category/ies applied for _____

Referee's Name _____
PLEASE PRINT

LESSON OBSERVATION 1

Note: This section is to be completed only by the Referee who has witnessed the Applicant's signature and who has endorsed the applicant's certificates and who has observed the applicant's lessons.

Applicant's Name _____

Pupil's First Name _____ Age _____ Level or Grade _____

Instrument _____ Date of Observation _____ Length of Lesson _____

Total Time Learning _____ years Length with Present Teacher _____ years

NAME THE PIECES BEING USED, AND LIST WHAT WAS INCLUDED IN THE LESSON

COMMENT ON THE LESSON UNDER AS MANY OF THE FOLLOWING HEADINGS AS POSSIBLE

Lesson's content

Time management

Teaching skills

Ability to communicate

Relationship with pupil

Please comment on any other matter that you think appropriate

Continue on a separate sheet if necessary

This Applicant is in my opinion a suitable person to be considered for registration. Yes/No
(circle one)

Signature _____

IRMT Membership No. _____

NB The person undertaking the lesson observations must also complete a Referee's Statement Form.

Please note: Closing Dates for applications, including Referee's Statements and Lesson Observations, is **15 May and 15 November**

Thank you for your assistance.

Please forward the Lesson Observation form together with your Referee's Statement to:

The Registrar, P O Box 4122, Christchurch 8140

Referees are advised to keep a copy of their Reports