



## EMS Instrument Provision Feedback Form

School Name:	
Headteacher:	
Head of Music/Music Coordinator:	
Name of person filling in this form:	

Name of EMS Tutor:	
Instrument Taught:	

**1. Please rate the professionalism of your EMS Music Tutor in the following areas:**

*(Please circle/highlight one 1 = Excellent 2 = Good 3 = Unsatisfactory 4 = Inadequate)*

	1	2	3	4
Punctuality	1	2	3	4
Communication with school contact	1	2	3	4
Timetabling	1	2	3	4
Follow school procedures and policies	1	2	3	4
Friendliness/relationships with school staff	1	2	3	4
Involvement with schools clubs & performances	1	2	3	4

**2. Please comment on the quality of teaching and learning pupils are receiving.**

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**3. Please write your comments/suggestions as to how we can improve the provision.**

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