**MTANC INTERN SCHOLARSHIP APPLICANT REFERENCE FORM**

|  |  |
| --- | --- |
| Applicant: | Date: |
| Evaluator Name: | Title: |
| Program/Facility: |  |
| Contact Address: |  |
| Day Phone: |  |
| Evening Phone: |  |
| Email Address: |  |

Dear Evaluator,

The MTANC Intern Scholarship is evaluated on a blind review and local data may bias a reviewer.

If it is necessary to write the college/university's name, please write "school" (i.e. "school" music therapy club) and for local town/city identification, write "town" or "city" (i.e. "city/county" Mental Health Association). **Please do not write your name, the applicant's name, the college/university name or local town information.**

**All materials must be time-stamped by February 28, 2017.** Please submit via email to [stacey@rootsandwingsmt.com](http://stacey@rootsandwingsmt.com).

Thank you for your assistance in this matter.

Definitions for Ratings

|  |  |
| --- | --- |
| Superior | Student's performance is outstanding in this area. Performs with minimal supervision and in an integrated, well-coordinated manner and/or consistently exhibits this trait in a professional manner. |
| Excellent | Student's performance goes beyond that which is required for adequate performance and requires moderate supervision, but is not consistently at the superior level. |
| Average | Student's performance is satisfactory with moderate supervision, yet continues to need improvement for clinical practice. |
| Fair | Student needs specific and detailed supervision in this area. Basic skill development has begun but needs further education and improvement to become functional in this area. |
| Poor | Student is incompetent in this area, even with supervision, or completely lacks this trait. Student's skill is unacceptable at this time. |
| N/A | Not applicable. You have not observed the student in this area. |

Directions: Read each statement and mark the box which, in your view, best indicates the applicant's performance or level of skill development. Add any comments which may help the scholarship committee better evaluate the applicant. Add an extra page to the document, if necessary. Please submit as an email attachment.

Evaluate the applicant as you feel he/she demonstrates his/her abilities in this area. Please mark the rating most appropriate and descriptive of the applicant’s abilities. Refer to the cover page for rating definitions. Place an “X” in the box which most closely describes the applicant’s performance.

**A. Work Habits**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| N/A | Poor | Fair | Average | Excellent | Superior |  |
|  |  |  |  |  |  | Budgets own time effectively. |
|  |  |  |  |  |  | Flexible and able to adapt to program needs. |
|  |  |  |  |  |  | Prompt in keeping appointments, deadlines, and commitments. |
|  |  |  |  |  |  | Actions and demeanor are mature with work/situation. |
|  |  |  |  |  |  | Observes rules and regulations. |
|  |  |  |  |  |  | Allows others the right to their own opinions. |

**B. Academic**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| N/A | Poor | Fair | Average | Excellent | Superior |  |
|  |  |  |  |  |  | Oral communication is clear and valid. |
|  |  |  |  |  |  | Written communication is clear and valid. |
|  |  |  |  |  |  | Written work is organized, legible and grammatically correct. |
|  |  |  |  |  |  | Demonstrates educated written work in content. |

**C. Maturity**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| N/A | Poor | Fair | Average | Excellent | Superior |  |
|  |  |  |  |  |  | Gives constructive suggestions when appropriate. |
|  |  |  |  |  |  | Profits from constructive feedback by others. |
|  |  |  |  |  |  | Attempts to evaluate situations in proper perspectives. |
|  |  |  |  |  |  | Can be depended upon. |
|  |  |  |  |  |  | Indicates desire to grow professionally. |
|  |  |  |  |  |  | Seeks guidance when indicated. |
|  |  |  |  |  |  | Subordinates personal affairs with work/school. |
|  |  |  |  |  |  | Respects people as individuals. |
|  |  |  |  |  |  | Demonstrates sensitivity to the feelings of others. |

**D. Musical Skill and Knowledge**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| N/A | Poor | Fair | Average | Excellent | Superior |  |
|  |  |  |  |  |  | Demonstrates ability to use a variety of accompanying instruments. |
|  |  |  |  |  |  | Demonstrates vocal competence. |
|  |  |  |  |  |  | Demonstrates mature musicianship. |
|  |  |  |  |  |  | Willingness to broaden areas of musical ability. |
|  |  |  |  |  |  | Demonstrates musical competence on major instrument. |
|  |  |  |  |  |  | Demonstrates knowledge of variety of musical styles. |

**E. Music Therapy Practice**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| N/A | Poor | Fair | Average | Excellent | Superior |  |
|  |  |  |  |  |  | Awareness of and willingness to use varied approaches with music in the therapeutic setting. |
|  |  |  |  |  |  | Ability to adapt the therapeutic use of music as defined by treatment goals. |
|  |  |  |  |  |  | Demonstrates ability to use a variety of skills and exhibits knowledge of basic technique. |
|  |  |  |  |  |  | Demonstrates theoretical knowledge in clinical settings. |
|  |  |  |  |  |  | Defines individual goals and objectives for each client. |
|  |  |  |  |  |  | Adjusts approach to meet client’s individual needs. |
|  |  |  |  |  |  | Improvises and adapts media and setting as needed. |
|  |  |  |  |  |  | Takes appropriate action when changes n program are needed. |
|  |  |  |  |  |  | Interprets and relates appropriate factors of client’s behavior. |

Please feel free to add any comments which may help the scholarship committee better evaluate the applicant in an additional page to this document. **Please do not write your name, the applicant’s name, the college/university or other individual identification information.** Refer to cover page for more information.