

MMTA Piano Olympics Exceptional Needs Application
Will be shredded after the event

Date:

Year:

Name and age of Performer:

Diagnosis/by whom:

I/We, as parent (s) / guardian(s) have been consulted concerning the Exceptional Needs Syllabus and Status. By signing below I/We give my/our permission for this entrant to participate as a Exceptional Needs applicant.

Parent(s) / Guardian(s) Signature

Contact information (cell phone):

Date submitted:

Teacher's signature:

Contact information:

From Teacher to the Judge:

Information of student's specific areas of difficulty and what you are working on with the student. Any information that would make the experience success-oriented for the student participating.