

2026 MTAG INTERNSHIP SCHOLARSHIP REFERENCE FORM

Complete, save, and submit this form as a **WORD FILE**. PDF files will **not** be accepted.

This section will only be viewed by MTAG Internship Scholarship Chair. Will not be seen by reviewers.

Evaluator Information					
Name				Title	
Program/Facility					
P h o n e	Day	Cell (Texting)	Evening	Email	
Street					
City			State		Zip Code

Directions for Sections A to E (starts on page 2)	
Read each statement and place an X in the box which, in your view, best indicates the applicant's performance or level of skill development. Base your evaluation on the definitions below	
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 currently.
N/A	Not applicable. You have not observed the student in this area

Directions for Section F (starts on page 4)	
Applications are evaluated by means of an ANONYMIZED review and identifying information may bias a reviewer. It is imperative that in this section you avoid specific names of individuals, companies, schools, towns, states, or identifying information such as gender references. Do Not Use Applicant's name in Section F. Substitute identifying information as follows:	
Situation (do NOT use)	Example (USE this form of language)
School name	"school" music therapy club
Town/City/County/State name	"city," "Mental Health Center," "state"
Gender	Gender Neutral Terms: "they," "them," "gender specific" group, "s/he"

Submission Information

All materials must be time-stamped by Sunday, March 1, 2026

Email to

musictherapyassoc.georgia@gmail.com

A. WORK HABITS	Superior	Excellent	Average	Fair	Poor	n/a
Budgets own time effectively.						
Flexible and able to adapt to program needs.						
Prompt in keeping appointments, deadlines, commitments.						
Actions and demeanor are mature with work/situations.						
Observes rules and regulations.						
Allows others the right to their own opinion.						

B. ACADEMIC	Superior	Excellent	Average	Fair	Poor	n/a
Oral communication is clear and valid.						
Written communication is clear and valid.						
Written work is organized, logical and grammatically correct.						
Demonstrates educated written work in content.						
C. MATURITY	Superior	Excellent	Average	Fair	Poor	n/a
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 feelings of others.						
D. MUSICAL SKILLS AND KNOWLEDGE	Superior	Excellent	Average	Fair	Poor	n/a
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 a variety of musical styles.						

E. MUSIC THERAPY PRACTICE	Superior	Excellent	Average	Fair	Poor	n/a
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 a knowledge of basic techniques.						
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 in program are needed.						
Interprets and relates appropriate factors of client's behavior.						

F. COMMENTS which may help the Scholarship Committee better evaluate the applicant.
ANONYMIZED review rules DO APPLY. Do **not** use identifying information such as name, gender, city, state, school or facility name. See examples in Directions. If needed, you may add an additional page.

Please **remove** ALL **identifying information** which may bias a reviewer from Section F.