

FWMTA STUDENT AFFILIATE THEORY TEST

Co-Chairman: June Leondar	200 Holly Ridge Lane Ft. Worth, TX 76108-9072	817-448-8559 junemusic@gmail.com
Maureda Travis	7236 Johnstone Lane Ft. Worth, TX 76133	817-294-1447 al_mau40@sbcglobal.net
June Leafblad	4513 French Lake Ft. Worth, TX 76133	817-294-8188 bleafblad@sbcglobal.net

TEST DATES: November 2, 2008-Fall Test, February 8, 2009-Spring Test

Written portion of test begins at 1:30 p.m. A maximum of three hours is allowed for completion of the test. Ear Training portion begins as soon as all registered students have arrived.

Registration DEADLINE: OCTOBER 3, 2008 for Fall Test
JANUARY 8, 2009 for Spring Test

LOCATION: Broadway Baptist Church, Fort Worth.

1. All students who take a Theory Test for State grading must be registered Student Affiliate members.
2. Using the Theory Test Registration Form, send the list and check to **June Leondar, FWMTA Theory Chairman**. List must include all information requested for each student.
3. FEE is \$10.00 per student. This covers the cost of State-grading and medal earned. Fees are due at time of registration. Make one check payable to FWMTA-SA.
4. Teachers will receive maps and room assignments for each grade level testing following receipt of registration.
5. No teacher may administer the tests to his/her own group of students: although he/she may participate in the administration of tests to the Association students. Blank staff paper and keyboard pictures are provided for students during testing.
6. **AWARDS:** Certificates of Achievement in Theory are given to all who score 70 or above. **MEDALS** are awarded to students scoring 90 or above on a test taken at his/her grade level and state-graded.
7. **TEACHERS** registering students for testing are required to help administer tests. Assignment is arranged by Chairman after receipt of registration forms.
8. **Registration deadlines must be met!** No late registrations or telephone registrations will be accepted. Forms with checks must be postmarked by deadline date.
9. **MAKE-UP** tests for student with legitimate schedule conflicts or sudden illness will be held:
Fall Test Period: Thursday, November 6, 2008. Spring Test Period: Thurs. February 12, 2009.
3:30- 5:30: Broadway Baptist Church room 204.
10. **Teachers are urged to review THEORY program outlined in the State Student Affiliate Handbook. Every teacher should have a copy of the TMTA Theory Manual. It is published by Texas Music Teachers Educational Foundation and can be ordered using Order blanks in current magazine TEXAS MUSIC TEACHER or on line at Website.**

FWMTA Student Affiliate THEORY TEST REGISTRATION

Send List and Check to: JUNE LEONDAR, 200 Holly Ridge Lane, Fort Worth, Tx. 76108-9072

FALL TEST

Date _____

FALL TEST

Teacher _____ Phone _____

Address _____ City/Zip _____

E-Mail _____

I would give ear training tests in the following grade levels: Grades 1-2-3 _____,
 Grades 4-5-6 _____, Grades 7-8-9 _____, Grades 10-11-12 _____

I prefer to monitor or be an assistant in a test room. _____

I certify that **Student Affiliate** dues have been paid for all students listed below. _____

List below those students you are enrolling for State Grading. (Please Initial)

PLEASE LIST STUDENTS ALPHABETICALLY BY GRADE – **PLEASE TYPE**

Mark all students taking test more than one grade level below school grade in RED

Name of Student	School Grade	Test Grade
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____
9 _____	_____	_____
10 _____	_____	_____
11 _____	_____	_____
12 _____	_____	_____
13 _____	_____	_____
14 _____	_____	_____
15 _____	_____	_____
16 _____	_____	_____
17 _____	_____	_____
18 _____	_____	_____
19 _____	_____	_____
20 _____	_____	_____

Total Number taking test for State Grading _____ x Fee \$10.00 = _____

Total Fees enclosed \$ _____

FWMTA *Student Affiliate* THEORY TEST REGISTRATION

Send List and Check to: JUNE LEONDAR, 200 Holly Ridge Lane, Fort Worth, TX 76108-9072

SPRING TEST

Date _____

SPRING TEST

Teacher _____ Phone _____

Address _____ City/Zip _____

E-Mail _____

I would give ear training tests in the following grade levels: Grades 1-2-3 _____,
 Grades 4-5-6 _____, Grades 7-8-9 _____, Grades 10-11-12 _____

I prefer to monitor or be an assistant in a test room. _____

I certify that *Student Affiliate* dues have been paid for all students listed below. _____

List below those students you are enrolling for State Grading. (Please initial)

PLEASE LIST STUDENTS ALPHABETICALLY BY GRADE : **PLEASE TYPE**

Mark all students taking the test more than one grade level below school grade in RED

List Students re-taking the test on the back of this sheet.

Name of Student	School Grade	Test Grade
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____
6 _____	_____	_____
7 _____	_____	_____
8 _____	_____	_____
9 _____	_____	_____
10 _____	_____	_____
11 _____	_____	_____
12 _____	_____	_____
13 _____	_____	_____
14 _____	_____	_____
15 _____	_____	_____
16 _____	_____	_____
17 _____	_____	_____
18 _____	_____	_____
19 _____	_____	_____
20 _____	_____	_____

Total Number taking test for State Grading _____ x Fee \$10.00 _____ = _____
 (Include students listed on the back) Total Fees enclosed \$ _____