



OREGON
MUSIC TEACHERS
ASSOCIATION

ESMAR – COMMUNITY SERVICE PROJECT REPORT

Due on the day of the assessment (optional)

Name _____

Teacher _____

Date of Project _____

Location of Project _____

Description of Project

Signature of person from facility _____
(school, church, care facility, retirement center, etc.)

Please copy this form to record any other community service projects.
Only one project is required for ESMAR, but more are appreciated by all.
