UNIVERSITY HIGH SCHOOL

Music Teacher Evaluation Form

(Confidential)

TO THE STUDENT APPLICANT:

Please fill-out the top of this evaluation form and give it to your music teacher for completion.

Student Name:			

Instrument or Voice: (please specify type)_

We give our permission for the music teacher to provide a confidential evaluation of this student's musical achievement.

Parent Signature:

TO THE MUSIC TEACHER:

Time student has been studying under you: _____

How do you know the student?_____

(private teacher, school director, church, etc.)

and/or

_ Date: _____

months

Please indicate this student's musical proficiency in each of the following categories on a scale of 1 to 5 when compared to typical 8th grade music students you have taught.

years

Rating Scale		2	3	4	5	1 (Beginner): Student knows only the beginning				
Overall Performance Ability						musical skills to perform on their instrument or				
Tone and IntonationDiagnosis of Personal Performance ErrorsBasic Musicianship Skills (e.g. Scales, Arpeggios)Sight Reading AbilityAural Recognition of Intervals and Pitches						voice type. 2 (Basic): Student has a range of playing at leas				
					one octave and can perform a few major scales. 3 (Intermediate): Student understands and can					
						perform grade appropriate level music with success. This student can successfully read rhythms includ-				
						ing quarter notes, eighth notes, and sixteenth notes. 4 (Average): Student outperforms other 8th grad-				
						ers in an ensemble setting and has the skills needed to perform solo work.				
Aural Recognition/Performance of Rhythms						5 (Advanced): Student completely understands their instrument or voice. Student can perform all major scales and frequently performs solo materials				
Knowledge of Musical Symbols and Terms						at an advanced level. This student mostly likely has achieved individual accolades at festivals, perfor-				
Practice Diligence						mances, or awards ceremony.				
Additional Comments:	5		• 			-				

Teacher's Name:	<u> </u>	Teacher's Signature:					
Teacher's Mailing Address:							
8	Street	City	State	Zip			
Teacher's Email:		Phone:					

Please return this completed evaluation form to the student in a sealed envelope; Or, mail directly to: UNIVERSITY HIGH SCHOOL California State University, Fresno 2611 E Matoian Way, M/S UH 134 Fresno, CA 93740-8010