

SONOMA STATE UNIVERSITY DEPARTMENT OF MUSIC
SENIOR RECITAL EVALUATION FORM

Student Name _____ Date _____

Instrument/Voice _____

Programming	COMMENTS
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Quality of Sound Tone quality, intonation, etc.	COMMENTS
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Technique Rhythm, precision, diction, articulation, facility, improvisation	COMMENTS
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Musicality Interpretation, style, phrasing, expression, sensitivity, dynamics	COMMENTS
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Other Factors Appearance, poise, Audibility verbal presentation & program notes	COMMENTS
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OVERALL COMMENTS

FINAL GRADE _____

Faculty Signature _____

Copy to student/department file/private teacher