



SUMMER MUSIC AT RIVERS ASSESSMENT FORM

This form should be filled out by the student's private teacher. If that is not possible please ask your school's band or orchestra teacher. Please bring the completed form to your child's audition.

Dear Teacher:

Your student _____ is applying to participate in the Summer Music at Rivers program. In order for us to best place him/her, we thank you for answering the following questions.

Please assess your student's skill level with 5 being the strongest and 1 being the weakest:

Sight reading	1	2	3	4	5	N/A
Intonation	1	2	3	4	5	N/A
Tone	1	2	3	4	5	N/A
Musicianship	1	2	3	4	5	N/A
Rhythm	1	2	3	4	5	N/A
Cooperation	1	2	3	4	5	N/A
Practice Habits	1	2	3	4	5	N/A

Total years studied: _____ Years in your studio: _____

Please list current repertoire:

Please list recent ensemble experience:

What do you consider to be your student's strengths? _____

What do you consider to be your student's weaknesses? _____

Do you have specific concerns or areas you would like to be addressed during the summer program?

Teacher Name: _____ Contact Information: _____

Signature: _____

On the back of this form please include any relevant information that will help us with placement and care of your student during the summer program.