SONOMA STATE UNIVERSITY DEPARTMENT OF MUSIC
SENIOR RECITAL EVALUATION FORM

Student Name _________________________ Date ________
Instrument/Voice _______________________

Programming

COMMENTS

Quality of Sound
Tone quality, intonation, etc.

COMMENTS

Technique
Rhythm, precision, diction, articulation, facility, improvisation

COMMENTS

Musicality
Interpretation, style, phrasing, expression, sensitivity, dynamics

COMMENTS

Other Factors
Appearance, poise, Audibility verbal presentation & program notes

COMMENTS

OVERALL COMMENTS

FINAL GRADE ________________

Faculty Signature ____________________
Copy to student/department file/private teacher