SONOMA STATE UNIVERSIY DEPARTMENT OF MUSIC

RECITAL EVALUATION FORM

Student Name _____ Date_____

Instrument/Voice_____

Senior or Junior Recital _____

Programming COMMENTS

Quality of Sound COMMENTS

Tone quality,
intonation, etc.

Technique COMMENTS

Rhythm, precision,
diction, articulation,
facility, improvisation

Musicality COMMENTS

Interpretation, style,
phrasing, expression,
sensitivity, dynamics

Other Factors COMMENTS

Appearance, poise,
Audibility
verbal presentation &
program notes

OVERALL COMMENTS

FINAL GRADE_____

Faculty Signature_____

Copy to student/department file/private teacher