

Group Name \_\_\_\_\_

	EXCELLENT (4) (almost no errors)	GOOD (3) (few errors)	SATISFACTORY (2) (some errors)	UNSATISFACTORY (1) (many errors)
<input type="checkbox"/> TONE				
<input type="checkbox"/> RHYTHM				
<input type="checkbox"/> DYNAMICS				
<input type="checkbox"/> ARTICULATION				
<input type="checkbox"/> INTONATION				
<input type="checkbox"/> PHRASING				
<input type="checkbox"/> STYLE				
<input type="checkbox"/> REPERTOIRE SELECTION				
<input type="checkbox"/> EXPRESSION/COMMUNICATION				
<input type="checkbox"/> ENSEMBLE				

OVERALL SCORE: ____/40	Exemplary (A)	Good (B)	Passing (C)	Fail (D or F)
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RECOMMENDATION: \_\_\_ ACCEPT \_\_\_ PROVISIONAL ACCEPT \_\_\_ DENY

COMMENTS:

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Signature: \_\_\_\_\_