

**UNIVERSITY OF CENTRAL FLORIDA
DEPARTMENT OF MUSIC
MUSIC TEACHER EVALUATION**

APPLICANT (please complete this section):

Give this form to your music teacher, ask them to complete it, and bring it with you to your music audition. You will give it directly to the music professors when it is your turn to perform.

Name: _____

Address: _____

City, State, Zip: _____

Primary applied instrument: _____

Intended Field of Study: _____ B.A. Music _____ B.M. Performance _____ B.M. Composition
_____ B.M.E. Music Education _____ Jazz Studies Emphasis

Signature: _____ Date: _____

MUSIC TEACHER (please complete these sections):

Based on your observations, kindly circle the numbers that are the most applicable to the candidate (1 being the weakest and 5 being the strongest). If you wish to add specific comments that might not be covered, please do so within the space provided on the back of this page.

Technique: 1 2 3 4 5

Rhythm: 1 2 3 4 5

Tone quality: 1 2 3 4 5

Sight-reading: 1 3 3 4 5

Lesson preparation: 1 2 3 4 5

Responsiveness: 1 2 3 4 5

OVERALL:

Music Potential: 1 2 3 4 5

Please mention two or more significant works of the student's repertoire:

Continued on back

Please add any additional comments in the space provided below, or if needed, please attach additional pages:

Teacher Information:

Name: _____ Position: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Relationship to the applicant: _____

How long have you known the applicant? _____

Signature: _____ Date: _____