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
Teacher Information:

Name: ____________________________ Position: ____________________________

Address: ________________________________________________________________

City, State, Zip: __________________________________________________________

Phone: ____________________________ Email: ________________________________

Relationship to the applicant: ______________________________________________

How long have you known the applicant? _________________________________

Signature: ____________________________ Date: ________________

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