

Recital Hearing Form
(please attach program)

Name: _____ Date of hearing: _____

Performance area: _____ Date of recital: _____

Recital type (Jr, Sr, Gr): _____

	Far exceeds departmental standards	Above departmental standards	Meets departmental standards	Below departmental standards	Not acceptable	Not applicable	Comments
Intonation/ tone							
Rhythmic/tempo considerations							
Technique							
Stylistic understanding, Interpretation							
Memory (if required)							
Area specific factors							
Diction - Vocal							
Bowing - Strings							
Articulation – Winds, Percussion, Guitar, Piano							
Stage presence							
Repertoire variety and difficulty level							
Other Pertinent area-specific considerations not listed							

Approved for recital: _____ Yes _____ No

Changes recommended or suggestions for improvement:

Other comments:

Signature of faculty evaluator: _____