Dixie State University Music Department

Recital Preview Evaluation Form

Fall Spring 20_____

Name _____

Instrument/Voice_____

Private Teacher_____

Repertory:

General Strengths Noted:

General Suggestions for Improvement:

Evaluation: **Approved** for Recital _____

Faculty Signature

NOT approved for recital _____

Copy this completed form for the student. Return the original to the Music Office.