

# Dixie State University Music Department

## Recital Evaluation Form

Fall    Spring    Summer    20\_\_\_\_

Name of Student: \_\_\_\_\_

Instrument: \_\_\_\_\_ Private Teacher: \_\_\_\_\_

\_\_\_\_\_ Recital program attached

\_\_\_\_\_ Post-recital interview scheduled with private teacher

Evaluation:        **Pass**        **Fail**        \_\_\_\_\_  
Faculty Signature

Evaluation:        **Pass**        **Fail**        \_\_\_\_\_  
Faculty Signature

Evaluation:        **Pass**        **Fail**        \_\_\_\_\_  
Faculty Signature

Please return completed form to the Music Department, Eccles Fine Arts Center.