



## Director/Instructor Evaluation Form

Date: \_\_\_\_\_

\_\_\_\_\_ will be attending the 2019 Penn Band Summer Music Camp. Please take the time to fill out this form and **mail it back to our office before July 1st, 2019**. Your comments will aid in part assignment within the camp band, as well as development of the program for both the individual and group as a whole.

**Your Name and Title:**

**Organization:**

**Mailing Address:**

**Phone:**

**Email:**

What primary instrument does the student play in your organization?:

What chair does the student sit in/part does the student play on a regular basis?:

*Please rate the student in the following categories (CIRCLE) (1 – Excellent, 5 – Needs Work):*

	Excellent				Needs Work
<b>Musicianship:</b>	1	2	3	4	5
<b>Range:</b>	1	2	3	4	5
<b>Intonation:</b>	1	2	3	4	5
<b>Sight-Reading:</b>	1	2	3	4	5
<b>Rehearsal Technique:</b>	1	2	3	4	5
<b>Attitude:</b>	1	2	3	4	5
<b>Overall</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

What does the student need to work on the most at this point of his/her training?

Anything else that you would like to add to this evaluation (use back if necessary)?

**Name (printed)** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Return this form by USPS to:**  
Kushol Gupta, Ph.D. – Assistant Director, Penn Band  
Room 182 Stouffer Commons – Platt SPA House  
3702 Spruce Street, Philadelphia PA 19104