

**UNIVERSITY OF CENTRAL FLORIDA
DEPARTMENT OF MUSIC
MUSIC TEACHER EVALUATION**

APPLICANT (please complete this section):

Give this form to your music teacher, ask it to be completed and submit it with your completed "Intent to Audition" form.

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

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

Teacher Information:

Name: _____ Position: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Relationship to the applicant: _____

How long have you known the applicant? _____

Signature: _____ Date: _____