

## **Director/Instructor Evaluation Form**

Date:	,	will be attendir	ig the 2025 Per	nn Band Summ	er Music Camp.
Please take the time to fill out this form and mail it back to our office before July 1st, 2025. Your comments will aid in part assignment within the camp band, as well as development of the program for both the individual and group.					
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):					
Musicianship:	Excellent	2	3	4	Needs Work 5
Range:	1	2	3	4	5
Intonation:	1	2	3	4	5
Sight-Reading:	1	2	3	4	5
Rehearsal Technique:	1	2	3	4	5
Attitude:	1	2	3	4	5
Overall	1	2	3	4	5
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					