BALDWIN WALLACE UNIVERSITY

Music Teacher Evaluation

(for music majors only)

BW

TO THE APPLICANT

Complete the information below, then give this form to your music teacher.

Birth date_____ Gender_____ Primary applied instrument_____
Month/Day/Year

Student Name_____
Last/Family *First* *Middle (complete)* *Jr., etc.*

Address_____
Number and Street *City or Town* *State* *Country* *Zip Code or Postal Code*

IMPORTANT PRIVACY NOTICE: Under the terms of the Family Education Rights and Privacy Act (FERPA) you may have access to your recommendation after you matriculate.
Please indicate your preference:

- ❑ Yes, I *do* waive my right to access, and I understand I will never see this recommendation.
- ❑ No, I *do not* waive my right to access and may someday choose to review this recommendation.

Signature_____ **Date**_____

MUSIC TEACHER

Based on your observations, please check the spaces below that are most applicable to the candidate. Additional comments regarding these areas may be made in your narrative evaluation on the back of this form. This report is treated confidentially and should be mailed directly to: Conservatory Admission Office, Baldwin Wallace University, 275 Eastland Road, Berea, Ohio 44017-2088.

	Below Average	Adequate	Very Good	Outstanding
TONE				
TECHNIQUE				
ACCURACY				
Rhythm				
Intonation				
MUSICAL SKILLS				
Sight-reading				
Aural skills				
MUSICAL POTENTIAL				
WORK HABITS				
Lesson preparation				
Responsiveness				
INTERPERSONAL/COMMUNICATIONS SKILLS				

Three works representative of the student's repertoire (these need not be the selections to be performed for the audition):

1._____

2._____

3._____

(Please continue on reverse side.)

EVALUATION

We welcome any further evaluation of the applicant that you can provide. You may wish to include information about the applicant's intellectual and musical curiosity, leadership ability and noteworthy strengths and weaknesses.

Music Teacher's Name (please print or type) _____ Position _____

Address _____
Number *Street*

_____
City *State* *Zip*

Phone _____/_____ E-mail _____
Area Code *Number* *Ext.*

Relationship to the applicant _____ How long have you known the applicant? _____

Signature _____ Date _____

Please return this form to: Office of Admission, Baldwin Wallace University, 275 Eastland Road, Berea, OH 44017-2088

6/2012