

Dixie State College Music Department

RECITAL PREVIEW EVALUATION FORM

Fall Spring 20____

Name _____

Instrument _____

Private Teacher _____

Level of Study _____

Repertory Performed:

General Strengths Noted:

General Suggestions for Improvement:

Evaluation: **approved** for recital _____

Faculty Signature

NOT approved for recital _____

Faculty Signature

Return completed form to Music Office.