# Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Time:\_\_\_\_\_\_\_\_ Stop Time:\_\_\_\_\_\_\_\_

# WASHINGTON STATE MUSIC TEACHERS ASSOCIATION

Affiliated with

MUSIC TEACHERS NATIONAL ASSOCIATION

MUSIC ARTISTRY PROGRAM STUDENT EVALUATION- FOR ALL INSTRUMENTS INCLUDING VOICE

­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ You can complete this form on the computer or print the blank form and complete by hand.

**Click or Check Student Category:** Regular [ ]  Collegiate/Adult [ ]  Ensemble [ ]

**Click or Check one** **Time Slot:** 10 minutes [ ]  15 minutes [ ]  20 minutes [ ]  30 minutes [ ]

**Student’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**: ­­­­­\_\_\_\_\_ **Is this the student’s first year in MAP?** **Yes** [ ]  **No [ ]**

**Length of study with present teacher**: **Total Study: Will the student be performing by memory?**  [ ]

### Has this student studied with, or been coached by another teacher, this year? Yes [ ]  If so, how often?

**If this student was coached four or more times, please enter name of teacher/coach:**

 **Composer Composition**

|  |  |
| --- | --- |
| **1.** | **1.** |
| **2.** | **2.** |

 **Visiting Artist Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**