



Student: \_\_\_\_\_

Age: \_\_\_\_\_

Years of Lessons: \_\_\_\_\_

Selection(s) Played: \_\_\_\_\_

\_\_\_\_\_

Please Use The Following Ratings: + (Exceptional)    √ (Satisfactory)    - (Needs Work)

Note Accuracy:	<input type="checkbox"/>	Comment: _____
Fingering:	<input type="checkbox"/>	Comment: _____
Hand Position:	<input type="checkbox"/>	Comment: _____
Posture:	<input type="checkbox"/>	Comment: _____
Tempo/Pulse:	<input type="checkbox"/>	Comment: _____
Rhythm:	<input type="checkbox"/>	Comment: _____
Dynamic Range:	<input type="checkbox"/>	Comment: _____
Articulation:	<input type="checkbox"/>	Comment: _____
Pedaling:	<input type="checkbox"/>	Comment: _____
Balance:	<input type="checkbox"/>	Comment: _____
Phrasing:	<input type="checkbox"/>	Comment: _____
Technique:	<input type="checkbox"/>	Comment: _____
Artistry and Expression:	<input type="checkbox"/>	Comment: _____
Sightreading:		Comments Only: _____

Overall Rating: Superior (0 -'s)    Excellent (1-2 -'s)    Very Good (3-4 -'s)    Good (5-6 -'s)    Fair (7 or more -'s)

I Gave You This Rating Because:

Judge: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

**The Decision of the Judge is Final**

**In Memory of Lenore and Wayne Wilkinson**

**Student Name:**

**Rating:**

**Date:**

**Location:**

**Teacher's Name:**