

BALDWIN WALLACE UNIVERSITY

Music Teacher Evaluation

(for music majors only)

TO THE APPLICANT

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

Birth date _____ Gender _____ Primary applied instrument _____
M /Da /Y a

Student Name _____
La /Fa F M () J, .

Address _____
N a S C T S a C Z C P a C

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 waive my right to access, and I understand I will never see this recommendation.
- No, I 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

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 _____
N S

_____ C S a Z

Phone _____ / _____ E-mail _____
A a C N E .

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