

# EVALUATOR FORM EXAMPLE

Evaluator's Name \_\_\_\_\_ Title/Affiliation \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Email \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Home Phone \_\_\_\_\_

## PERFORMER EVALUATION

Category	Superior	Excellent	Good	Fair	Poor
Tone Quality					
Intonation					
Technical Facility					
Rhythmic Accuracy					
Musical Sensitivity					
Blend and Balance					
Interpretation & Style					
Instrumentation					
Musical Excitement					
Selection of Literature					
Improvisation (if applicable)					

How long have you known the conductor, and in what capacity? \_\_\_\_\_

How long have you known this organization? \_\_\_\_\_

Where and when did you hear this organization? \_\_\_\_\_

Have you worked with and conducted this organization?  NO  YES

Is this organization and conductor capable of meeting the organizational and financial requirements for a performance at The Midwest Clinic?  NO  YES

Have you attended The Midwest Clinic  NO  YES

Select one of the following:

-I recommend this organization without reservation.

-I recommend this organization

-I do not recommend this organization

**Please evaluate this applicant and include your thoughts about professional and personal traits. We are particularly interested in information that will differentiate this applicant from others.**