

Beginning Band Assessment Form

Name _____ Date _____
 School _____
 Name of Classroom Teacher _____
 Grade _____ Instrument _____

The following information is provided to students and parents as an evaluation of student progress in our Beginning Band. This information helps all of us—student, parent, and teacher—evaluate progress and suggest any future action that may be needed.

	Poor	Fair	Average	Good	Superior
General Progress to Date	1	2	3	4	5
Tone Quality	1	2	3	4	5
Breath Control	1	2	3	4	5
Positions (hand, body, instrument)	1	2	3	4	5
Music Reading	1	2	3	4	5
Knowledge of Fingerings	1	2	3	4	5
Sense of Rhythm	1	2	3	4	5
Sense of Pitch	1	2	3	4	5
Prepared for Class Lessons	1	2	3	4	5
Attention during Class	1	2	3	4	5
Care of Instrument	1	2	3	4	5
Behavior (cooperation, courtesy)	1	2	3	4	5
Attendance with instrument & music	1	2	3	4	5
Additional Comments:					

Please call me if you have any questions about this report.

Instrumental Music Teacher: _____

Phone: _____