

(Please complete the top portion before your appointment.)

Name _____ Assessment Date _____

Age _____ Date of Birth _____ Grade (year 08-09) _____
(as of December 31, 2008) (month/day/year)

School (year 08-09) _____

VOCAL ABILITY

Song: _____ Comments:

Quality healthy clear light heavy resonant hoarse warm edge cold thin big
strained possible damage nasal vibrato pure breathy mixed husky raspy

Use natural affected head chest

Intonation sharp centered flat **Facial Expression** 1 2 3 4 5

Posture 1 2 3 4 5 **Responsiveness to gesture** 1 2 3 4 5

Diction clear unclear **Phrasing** 1 2 3 4 5

Range C D E F G A B C D E F G A B C D E F G A B C

AURAL ABILITY

Echo clapped rhythm: simple: 1 2 3 4 5 moderate: 1 2 3 4 5 difficult: 1 2 3 4 5

Echo sung/played phrase: simple: 1 2 3 4 5 moderate: 1 2 3 4 5 difficult: 1 2 3 4 5

Sing 1 or 3 or 5 of chord: Maj Min Aug Dim Dom7 Dim7

Echo broken chord: Maj Min Aug Dim

Maintain part: Canon: 1st voice 1 2 3 4 5 2nd voice 1 2 3 4 5

MUSICIANSHIP

Sing solfege from hands: 1 2 3 4 5

Sight sing phrase: simple: 1 2 3 4 5 moderate: 1 2 3 4 5 difficult: 1 2 3 4 5

Read poem: fluent halting expressive flat full resonant compelling

Assurance: excellent average fair

INVITATION:	CHOIR:			
<input type="checkbox"/> Yes	<input type="checkbox"/> Children's Chorus	<input type="checkbox"/> Jubilate	<input type="checkbox"/> Camerata	
<input type="checkbox"/> No				