

# Sample Evaluator Form

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?

Is this organization and conductor capable of meeting the organizational and financial requirements for a performance at The Midwest Clinic?

Have you attended The Midwest Clinic

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.