

BAINBRIDGE CHORALE

VOCAL ASSESSMENT FORM

Michael A. Miller, Jr.- Director

Date: _____

FULL NAME (print) _____ LIKE TO BE CALLED _____

E-MAIL _____ CELL PHONE _____

LIST ANY INSTRUMENT (OR VOICE) YOU HAVE STUDIED PRIVATELY:

INSTRUMENT	NUMBER OF YEARS PRIVATE LESSONS
_____	_____
_____	_____

CHORAL EXPERIENCES (group name-school, church, college, community choir, All-State, etc.)

OTHER MUSICAL EXPERIENCES (solos, accompanying, band, orchestra, shows, pop groups, etc.)

HOW WELL DO YOU READ MUSIC? (circle): Well Above Average Average Below Average Little

HOW WELL DO YOU LEARN YOUR PART? Well Above Average Average Below Average Little

-----DO NOT FILL IN BELOW THIS LINE-----

S1	S2	A1	A2	T1	T2	B1	B2	ADDITIONAL COMMENTS:
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PRS 0 1 2 3 4 5 6 7 8 9 10

VQ 0 1 2 3 4 5 6 7 8 9 10

INT 0 1 2 3 4 5 6 7 8 9 10

EAR 0 1 2 3 4 5 6 7 8 9 10

SRA 0 1 2 3 4 5 6 7 8 9 10

TOTAL SCORE: _____