

STUDENT EVALUATION OF APPLIED MUSIC TEACHER

REVIEW PERIOD:

FALL MID-TERM
 SPRING MID-TERM

FALL FINAL
 SPRING FINAL

TEACHER'S NAME: _____

INSTRUMENT: _____ APMU LEVEL: _____

Your comments will NOT be shared with your teacher unless you sign your name at the bottom of this sheet. The information you provide is confidential and will be used to find ways to improve the Joint Program. Please evaluate your teacher on the following, one being the lowest and five the highest.

TEACHER IS ON TIME FOR MY LESSONS: 1 2 3 4 5

IT IS EASY TO ARRANGE FOR MAKE-UP LESSONS: 1 2 3 4 5

TEACHER CONSIDERS MY INPUT WHEN PLANNING REPERTOIRE:

1 2 3 4 5

I AM ENJOYING MY STUDIES: 1 2 3 4 5

TEACHER'S CRITIQUES OF MY PROGRESS ARE FAIR: 1 2 3 4 5

SMALL ENSEMBLE PARTICIPATION IS HELPFUL: 1 2 3 4 5

WHAT DID YOU ESPECIALLY LIKE OR DISLIKE ABOUT STUDYING WITH THIS TEACHER?

HOW COULD THE PEDAGOGICAL EXPERIENCE BE IMPROVED?

WOULD YOU LIKE TO SPEAK WITH A MEMBER OF THE CWRU MUSIC FACULTY REGARDING YOUR CIM STUDIES?

NAME (optional): _____