BAINBRIDGE CHORALE

VOCAL ASSESSMENT FORM

Date:_____

FULL NAME (PLEASE 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 (e.g. solos, accompanying, band, orchestra, theater, pop groups, etc.)

_____

_____

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

HOW EASILY DO YOU LEARN YOUR PART? (circle one): Well Above Average Average Below Average Little

PLEASE USE THE SPACE BELOW TO SHARE ANY OTHER RELEVANT INFORMATION ABOUT YOU.

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

S1 S2 A1 A2 T1 T2 B1 B2 NOTES:

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: _____