

## **MUSIC FACULTY REPORT**

(This form is to be completed by the Music Faculty member  
following a chorus coaching session)

1. Chorus name \_\_\_\_\_ Date of coaching session \_\_\_\_\_  
2. Director's name \_\_\_\_\_ How long has he/she been directing? \_\_\_\_  
How long directing this chorus? \_\_\_\_\_ In what areas does he/she need specific help?

\_\_\_\_\_

3. Average chorus rehearsal attendance \_\_\_\_\_ Number of registered quartets \_\_\_\_\_  
Does the chorus enter regional competition each year? \_\_\_\_ Reason for not competing?

\_\_\_\_\_

Date of last competition: \_\_\_\_\_ Level: \_\_\_\_ Does the chorus have an annual show? \_\_\_\_  
Number of members attending regional /IES each year? \_\_\_\_\_

4. Reason for visit: \_\_\_\_\_

\_\_\_\_\_

Is the chorus approved for public performance? \_\_\_\_\_ If not, what plans are being  
made for further assistance? \_\_\_\_\_

5. In what specific areas did you work with the chorus? \_\_\_\_\_

\_\_\_\_\_

6. Suggestions for improving this chorus: \_\_\_\_\_

\_\_\_\_\_

7. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_

Please return form along with your "request for disbursement" form within two weeks  
of the coaching session to: Dayve Gabbard, dayve@bellsouth.net or mail to:  
209 N. Lakeshore Drive Hypoluxo, FL 33462