

MUSIC EDUCATION STAFF EVALUATION

(This form is to be completed by the chorus director/quartet contact person who has received a coaching session from a regional music education staff member)

Chorus/Quartet name _____

Music Education Staff Member _____

Date of visit _____

Please rate the Music Education Staff Member on the following:

Evaluation	Very good	Good	Poor
Showed poise and confidence with a pleasant disposition			
Personal appearance: grooming, dress			
Convincing and easily understood speaking voice			
Communicated with ease			
Handled questions well			
Showed enthusiasm and interest			
Knowledgeable in areas covered during time together			
Demonstrated flexibility			
Addressed specific areas of need/concern as requested			
Showed genuine respect, concern and warmth to members			
Representation as a regional faculty member			

Would you want this faculty member to coach your chorus/quartet again? _____

Are there any specific strengths/weaknesses of this faculty member while coaching your chorus/quartet that you would like to share? _____

Comments or suggestions: _____

Signed _____ Date _____

Please return form within two weeks of the coaching session to:

Dayve Gabbard, dayve@bellsouth.net or mail to:

209 N. Lakeshore Drive Hypoluxo, FL 33462