

Student/Teacher Review Sheet



Your name:

Date: ____ / ____ / ____



Student name:

Please circle a number at the end of each question.

Write specific tasks below					
	Needs improvement		Mastered		
Scales:	1	2	3	4	5
Studies:	1	2	3	4	5
Pieces:	1	2	3	4	5
Sight reading:	1	2	3	4	5
Aural/Musicianship:	1	2	3	4	5

Steps to improve... continue on back

Comments and questions...



Future goals and planning...
