



Chamber Music Program Feedback Form

Name: _____

How would you describe your chamber music experience this year overall?

_____ Highly satisfactory

_____ Satisfactory

_____ Unsatisfactory

How would you rate your repertoire?

_____ Too challenging

_____ Appropriate for my group

_____ Not challenging enough

How has your coaching been?

_____ Very helpful

_____ Not strong enough for my group's needs

Has scheduling rehearsal times been?

_____ Manageable

_____ Too stressful

For next season, what do you wish to do?

_____ Continue in my current group

_____ Be placed back in the pool from which new groups are formed

_____ Not participate in the chamber music program

Is your chamber group planning to meet this summer? Yes / No

If yes, do you need a coach? Yes / No

