



Student Progress Report

Student _____

Instrument _____

Teacher _____

Date _____



MUSICIANSHIP & TECHNICAL SKILLS IMPROVEMENT	<u>EXCELLENT</u>	<u>MEETS EXPECTATION</u>	NEEDS
A. BOWING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. INTONATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. TONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. STYLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. SIGHT-READING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. SCALES/KEY SIGNATURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. ABILITY TO RELATE THIS KNOWLEDGE TO SOLVE FINGERING PROBLEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. PREPARATION AT HOME OF PART	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 ABILITY TO FUNCTION IN A GROUP			
A. SENSITIVITY TO OTHERS PERSONALLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. SENSITIVITY TO OTHERS MUSICALLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. AWARENESS OF EACH PART'S PLACE IN OVERALL COMPOSITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. ABILITY TO FOCUS ON LESSON GOALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. ABILITY TO FOLLOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. ABILITY TO LEAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. PLAYS OWN PART INDEPENDENTLY (COUNTING)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 CITIZENSHIP			
A. REGULAR ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. COMES PREPARED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. BEHAVIOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. CLEAN UP CHORES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS AND SUGGESTIONS

If you would like to make an appointment for further discussion, please contact us at office@ggph.org