**Ensemble Observation Evaluation**

**IUP Department of Music**

Instructor: Date:

Course # and Name Semester/Year:

**Briefly describe the content of the rehearsal observed:**

Please indicate your rating by placing a check at the appropriate point along the scale. After each question you may make comments. Give examples where possible.

If unable to assess, check the single space after each question.

1. Does the instructor demonstrate a knowledge of the subject matter?

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

 N/A No Yes

2. How would you evaluate the instructor’s conducting/rehearsal technique?

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

 N/A No Yes

3. Is the instructor able to identify, analyze, and correct problems in the performance of the group?

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

 N/A No Yes

4. Does the syllabus include concert dates, important dress rehearsals, etc?

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

 N/A No Yes

5. Are rehearsal ideas and instructions clearly communicated?

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

 N/A No Yes

6. Does the instructor use rehearsal time efficiently?

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

 N/A No Yes

7. Is the instructor punctual in beginning and ending class?

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

 N/A No Yes

8. Is the instructor fair and considerate with the student as an individual?

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

 N/A No Yes

9. Does the instructor stimulate thinking and generate interest in the subject?

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

 N/A No Yes

10. What is your overall evaluation of the instructor?

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

 Poor Outstanding

Additional Comments:

Print Observer’s Name:

Observer’s Signature: Date of Observation

Instructor’s Signature: Date of Conference