

Grade_____

Evaluation-Final

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Name

+ excellent - needs improvement ✓ good

Environment and Posture

1	2	3	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stand position
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye contact/BDA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facial expression
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attention-ready position
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elbows

Other

<input type="checkbox"/>	Verbal directions
<input type="checkbox"/>	Confidence
<input type="checkbox"/>	Starting pitch
<input type="checkbox"/>	Know music
<input type="checkbox"/>	Bow

Baton and Baton Arm

<u>Grip</u>	<input type="checkbox"/>	Fingers
	<input type="checkbox"/>	Wrist
	<input type="checkbox"/>	Baton tip
<u>Pivots</u>	<input type="checkbox"/>	wrist
	<input type="checkbox"/>	Elbow
	<input type="checkbox"/>	Shoulder

Nonbaton Arm

1	2	3	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At-rest position
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mirroring

Styles

FPT	C	MC	FPL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beat Patterns

1	2	3	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rebound
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Release
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clear ictus
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Size of beat and pattern
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preparatory gesture

Cues/Fermatas/Character

1	2	3	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baton
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left hand
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Face/Body
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comb.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prep.