Monroe County School Music Association

Adjudicator Evaluation Form

Adjudicator's Name _____ Area of Adjudication _____

Teacher's Name _____ District _____

School and Address_____
school street city zip

Solo Festival (circle one) Elementary Junior High Senior High Vocal Date _____

1. **The adjudicator's comments were helpful and constructive**.
___ Strongly agree ___ Agree ___ Disagree ___ Strongly Disagree
Comments:_____
_____
_____

2. **The adjudicator created a positive atmosphere for the performer**.
___ Strongly agree ___ Agree ___ Disagree ___ Strongly Disagree
Comments:_____
_____
_____

3. **The adjudicator met schedules and obligations in a timely manner**.
___ Strongly agree ___ Agree ___ Disagree ___ Strongly Disagree
Comments: _____
_____
_____

4. **The adjudicator's grade/rating was fair**.
___ Strongly agree ___ Agree ___ Disagree ___ Strongly Disagree
Comments:_____
_____
_____

5. **The adjudicator was knowledgeable in his/her field**.
___ Strongly agree ___ Agree ___ Disagree ___ Strongly Disagree
Comments: _____
_____
_____

6. **Written comments were legible and detailed**.
___ Strongly agree ___ Agree ___ Disagree ___ Strongly Disagree
Comments:_____
_____
_____

7. **Other comments**:_____
_____
_____
_____

Please attach a photocopy of any questionable sheet to this form. Send to:
Shirley Blandino, Assignor of Adjudicators, 219 Sunnyside Drive Rochester, New York 14623
A COPY OF THIS FORM WILL BE SENT TO THE MCSMA SOLO FESTIVAL COORDINATOR.