

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:
Jeff Welch, Assignor of Adjudicators, Gates Chili High School, 1 Spartan Way, Rochester, NY 14624

A COPY OF THIS FORM WILL BE SENT TO THE MCSMA SOLO FESTIVAL COORDINATOR.