

# Self Assessment





Name/ID: \_\_\_\_\_ Date: \_\_\_\_\_

Today I am performing: \_\_\_\_\_ (Work Title)

By: \_\_\_\_\_ (Composer)

Today I am (check one):

<input type="checkbox"/> Singing	<input type="checkbox"/> Playing the recorder	<input type="checkbox"/> Playing the violin	<input type="checkbox"/> _____
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Performance Goals	 Standing Ovation	 Stage Ready	 Practice, Practice, Practice	 Try Again
I performed with correct posture.				
I took low, deep breaths.				
I performed all of the correct notes.				
I performed all of the correct rhythms.				
I performed with expression and paid attention to the dynamics, tempo, and phrasing symbols.				

In my performance today, I am proud of the way I ...
One thing I would like to change or improve is ...
What are some things you can do to make the improvement?
1. _____ 2. _____ 3. _____