

## New Horizons Music Evaluation Form

Please take a few minutes to help us by giving us your evaluation.  
The evaluations will be carefully considered in planning for the future.  
Check your response. Add comments wherever you wish to do so.

1. Do you plan to continue?  Yes  No
  
2. Did your accomplishments this semester meet your expectations, fall short of your expectations, or exceed your expectations?  Meet  Fall short  Exceed
  
3. What are your most satisfying accomplishments so far?  
 Playing a new instrument  
 Reading music  
 Writing music  
 Playing in small ensembles  
 Playing in the band  
 Playing by ear  
 Improvising  
 Starting a new area of learning and recreation  
 Expanding your social activities  
 Other: \_\_\_\_\_
  
4. What would you like to accomplish next? What do you want to spend more time on?
  
5. What would you like to spend less time on?
  
6. Indicate any ways in which your music listening has changed:  
 Have gone to more live performances  
 Enjoy listening to recordings and radio music more  
 Other: \_\_\_\_\_
  
7. List any health problems that may have developed as a result of your participation:
  
8. List any ways in which your physical and mental health may have improved as a result of your participation:

9. Where did you obtain your instrument?

Already owned it.

It belonged to someone else in my family.

Found it through a want ad.

I purchased it at a music store.

If so, what store? \_\_\_\_\_

Reasons for selecting that store: \_\_\_\_\_

\_\_\_\_\_

Did you purchase from the store from which you rented?

Yes  No

If no, why? \_\_\_\_\_

10. Please list music and accessory items that you have purchased since September:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My instrument teacher is: \_\_\_\_\_

Your response to the following items about teachers will be confidential, but the combined responses may be used to advise teachers.

11. My teacher is willing and able to attend to my individual needs.

Yes  No Comment: \_\_\_\_\_

\_\_\_\_\_

12. My teacher gives me good advice on what and how to practice.

Yes  No Comment: \_\_\_\_\_

\_\_\_\_\_

13. Please add any additional comments about your teacher: \_\_\_\_\_

\_\_\_\_\_

14. Please give us your general comments. What did you like best? Least? What suggestions do you have for making improvements? Sign your name at the end if you would like to, or remain anonymous.

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