

Evaluation Form For Off-Campus Performance

Student: Fill out the top portion of this form and have the choreographer/director evaluate your work.

The form must be returned to your dance advisor by Friday of the ninth week of the quarter.

Student's Name _____

Choreographer/Director _____

Affiliation _____

Type of Performance _____

Performance Date/s _____

Performance Venue _____

Number of Rehearsal Hours Per Week _____

Choreographer/Director Evaluation

Please comment on the student's attendance and the quality of their work in rehearsal and performance. Include, as well, suggestions for his/her further development as a performing artist.

Signature _____ **Date** _____