

**MUSIC TEACHERS' ASSOCIATION OF CALIFORNIA**  
**ORANGE COAST CITIES BRANCH**  
 \_\_\_\_\_ **FESTIVAL**

Adjudicator's Evaluation Sheet

Student Number \_\_\_\_\_

Teacher Number \_\_\_\_\_

Student Name and Age: \_\_\_\_\_

Composer: \_\_\_\_\_

Title and Movement: \_\_\_\_\_

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**Adjudicator:** please write comments and mark each box with an X if it needs attention.

Accuracy	
Articulation	
Balance	
Dynamics	
Memory	
Pedal	
Phrasing	
Style	
Technique	
Tempo	
Touch	
Stage Presence	
Other	

\_\_\_\_\_  
 Adjudicator's Signature