



**VANCOUVER ACADEMY OF MUSIC
S. K. LEE COLLEGE**

College Admittance Department
1270 Chestnut Street
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FAX 604 731 1920 • TEL 604 734 2301
www.vancouveracademyofmusic.com

**EVALUATION FORM
Confidential Report**

Please Print or Type

To be completed by applicant:	<div style="border: 1px solid black; width: 100%; height: 100%;"></div> <small>DATE</small>
<small>NAME</small>	

Program to which instruction is sought: (check one) BACHELOR OF MUSIC ARTIST DIPLOMA

MAJOR INSTRUMENT OR VOICE

To be completed by person submitting this report:

NAME

<small>MAILING ADDRESS</small>	<small>CITY</small>	<small>PROVINCE/STATE</small>	<small>POSTAL/ZIP CODE</small>

Please indicate the nature of your association with the applicant (specific classes, ensembles, etc.) and approximate date pertaining thereto.

This form is intended to serve as a guide in obtaining information pertaining to the applicant named above. You may submit a letter in place of this form, if you prefer. We rely heavily on information contained in these reports and appreciate your contribution toward our obtaining a clear assessment of the applicant's overall ability and talent. Please return this form to the Vancouver Academy of Music College Admittance Department as soon as possible.

Part I <i>Please evaluate the applicant in comparison with others with whom you have known in a similar situation by checking the appropriate box.</i>					
	BELOW 50% OF PEERS	ABOVE 50% (TO 75%)	ABOVE 75% (TO 90%)	ABOVE 90% (TO 95%)	ABOVE 95% OF PEERS
TALENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPLICATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACHIEVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part II <i>Please evaluate the applicant in relation to the following qualities by checking the appropriate box.</i>					
	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	OUTSTANDING	UNKNOWN
ABILITY TO CONCENTRATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO COMPREHEND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO MAKE DECISIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTELLECTUAL CURIOSITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERPERSONAL RELATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III *Please complete this section if you have been in a position to evaluate the applicant's performance in the major instrument or voice (indicated by the applicant on the front of this form). Briefly describe in relation to performance (as appropriate):*

EXPRESSION

TONE QUALITY

INTONATION

TECHNICAL FACILITY

ACCURACY OF RHYTHM

FACILITY IN SIGH-READING

MEMORY

HAS THE APPLICANT A GOOD SENSE OF PITCH?

Part IV *(For all applicants) We would be grateful for any additional information, positive or negative, concerning the applicant's musical and/or personal background which you feel will enable us more accurately to evaluate this applicant.*

SIGNATURE

POSITION

DATE SIGNED

All reports and letters of reference are for the use of the Committee on Admissions only and will be held in the strictest of confidence.

Thank you for your assistance.