

# OBU keyboard festival

## CRITIQUE SHEET

Student Name \_\_\_\_\_ Category \_\_\_\_\_  
(Solo Piano I-V, Solo Organ I-II, Piano Duet I-IV)

Repertoire Titles/Composers/Arrangers \_\_\_\_\_  
(Hymn, Hymn Arrangement, Standard/Classical Repertoire)

### JUDGE

Please provide student comments below (use back of sheet for additional comments)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please rate the student in the following areas (where applicable)

	GOOD	EXCELLENT	SUPERIOR	N/A
Poise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pedaling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following Conductor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sight Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensemble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Rating \_\_\_\_\_ (Good, Excellent, Superior)

Adjudicator Signature \_\_\_\_\_



WARREN M. ANGELL  
COLLEGE OF FINE ARTS