2020 AMERICAN SUZUKI INSTITUTE CHAMBER MUSIC PROGRAM ASSESSMENT FORM

Video and this completed form are due by June 8, 2020. Forms received after June 8 are not guaranteed placement.

Student's Name:			Instrument:		
Date of Birth:			Phone:		
Parent's Name (whether coming or not):			Email:		
Home Teacher's Name:			Phone:		
Address:			Email:		
Do you have a pre-formed group?			If yes, list names and instruments		
With your teacher's assistance					
studies used:	during 2019-2020 academic	year. I	ist names of pieces and com	nposers, and any scale or technical	
Chamber Music experience (p in each – please note which e		embles	in which the student has par	rticipated, and the number of years	
Which pieces have you perfor Which chamber pieces have y		! <i>?</i>			
	ease underestimate ability so		-	ly those skills in which the student nity to delve into the intricacies and	
Positions (strings only)	Keys	Mete	rs	Skills (Rate 1 – 3, 3 = strong)	
☐ 1st	Up to 3 sharps	□ 2/	4, 3/4, 4/4 (C)	Rhythmic Independence	
☐ 2nd	☐ Up to 3 flats	☐ Co	ompound time (6/8, etc.)	Overall reading	
☐ 3rd	☐ All keys			Leadership	
☐ 4th				Experience in Chamber Music	
☐ 5th and above					
Teacher's Signature: Printed:					
the level of your playing. Your	video will be uploaded to ar	n ASI pla	aylist viewable only be the a	ying one selection which represents assessment committee, and it will be ideo and this completed form are	
Please include your last name a YouTube link to my video: Please use the same video f participate in the ASI Chamber	or my application for an Hon	ors Rec	tal performance. Pianists an	id bassists need pre-approval to ned ensembles are welcomed.	