

Music LA Program 2009/10

STUDENT EVALUATION



Music LA teachers and/or administrators, please guide your students through this self-evaluation on the last day of class.

Dear Music LA student,

Your thoughts are important to us! Please answer the questions below. Your responses will help us to plan and improve the Music LA 2010/11 Program. Thank you!

Music LA Site: _____

Name: _____ Gender: Female Male

Age: _____ Name of School: _____

Ethnicity: (please check all that apply)

African-American Asian/Pacific Islander Latino/Hispanic Caucasian Other: _____

Have you studied music before?

- No
- Yes, I participated in Music LA before at: (Name of Site) _____
- Yes, at school: (Name of School) _____
- Yes, I have had private lessons in (name of instrument/s) _____ for (number of years) _____

My favorite things about Music LA are: (please check all that apply)

- My teachers The instruments
- Learning how to READ and PLAY music Playing music with others
- Performing at the final concert Other: _____

How did you hear about Music LA?: (please check all that apply)

- I participated before
- I saw a flyer/brochure. Where? _____
- I heard about it from someone else
- Other: _____

Would you come back to Music LA next summer/next year? Yes No

If no, why not? _____

Would you like to participate in Music LA all year? Yes No

If no, why not? _____

Please tell us about Music LA in your own words: _____

