

# ASSESSMENT FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_

M\_\_ F\_\_ Birthdate: \_\_/\_\_/\_\_

School in fall of 2017: \_\_\_\_\_

Grade in fall of 2017: \_\_\_\_\_

## Ethnic Data (State and local grants require the chorus to report ethnic data)

American Indian     Asian or Pacific Islander     Black/African American

Hispanic     White/Caucasian     Other

Parents or Guardian: \_\_\_\_\_

Primary Phone    (    ) \_\_\_\_\_

Parent Email

\_\_\_\_\_ @ \_\_\_\_\_

**Please be sure your e-mail address is complete and accurate-  
It is our primary method of communication**

ALL SINGERS: As a member of the Kalamazoo Children's Chorus I agree to make singing the choir a high priority and agree to be a member for the the entire season (September 2017-April 2018).

\_\_\_\_\_  
Singer's Signature

\_\_\_\_\_  
Parent's Signature

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade in school fall of 2016 \_\_\_\_\_

Does singer play an instrument? Which? \_\_\_\_\_ How Long? \_\_\_\_\_

(For directors' use only)

**Range** f g a b c d e f g a b **MC** d' e' f' g' a' b' c'' d'' e'' f'' g'' a'' b'' c'' d''

**Known Song** \_\_\_\_\_ Unison: L H Canon: L H  
1 2 3 4 5 1 2 3 4 5

Voice Quality: Fl Trp Intonation: poor good Volume: Soft Loud  
1 2 3 4 5 1 2 3 4 5 1 2 3 4 5

Solfege- in F major

1. L H  
1 2 3 4 5

| | | | |  
s m s s m

Comments:

2. L H  
1 2 3 4 5

| | | | |  
s l s s m

3. L H  
1 2 3 4 5

| | | ] | | |  
s s m r r d

Recommended Choir: \_\_\_\_\_

4. L H  
1 2 3 4 5

| | | | |  
d m s m d

Quality of Voice: clear bright strong throaty soloist breathy heavy changing nasal  
dark wide weak chest resonant hoarse relaxed upper range light