

**Cobb County Music Teachers Association
Fall Festival- October 20, 2018 SOLO FORM**

Teacher no. _____

Judge no. _____

RATING _____

Time _____

Name _____ Years of Study _____

Title _____ **Composer** _____ **Memorized?** _____

Title _____ **Composer** _____ **Memorized?** _____

Ratings: **Superior**- highest level of performance and musicality

Excellent- Above average performance

Very Good- Average performance

(Memorization not required for any rating levels. Seals or stars will be added to certificates of students who have memorized their pieces.) *note to judge:continue comments on other side, if necessary.

(Signature of Judge)