

EASTMAN PATHWAYS
Student Self-Reflection Form
(Renewal Applications only)

- 1) How many years have you been in Pathways? _____
- 2) Have your lessons and classes made you more committed to your instrument now than you were when you began Pathways? Y__N__
- 3) Do you feel you find the right amount of time to practice to ensure your personal growth? Y__ N__
- 4) This year, have you attended a concert or recital by a collegiate Eastman ensemble or student? Y__ N__
- 5) Have you used the Sibley Music Library by checking out music scores or listening to recordings? Y__ N__
- 6) I have attended one or more of the Saturday workshop or social (Careers, Holiday, Solo Fest prep etc.): Y__ N__
A good topic to learn about would be: _____
- 7) Please explain why you wish to continue in the Pathways program:

8) Describe the most valuable aspect of your lessons this year at the Eastman School of Music?

9) If you were part of the Practice Buddies mentoring program, what was your experience? What suggestions do you have to improve the program?

10) What aspect of your experience improved over last year?

11) How would you describe your relationship with your teacher at Eastman?

12) Please describe how this program can be improved:

13) Have any of these challenges affected your participation in Pathways?

- Lack of transportation _____
- Lack of concert clothing _____
- Lack of music books or supplies _____
- Lack of a good instrument provided by the RCSD _____
- Lack of knowing a) how to practice ____ b) practice time ____ c) practice space ____

14) Please rate yourself in each category from "4" (exceeds) to "1" (needs improvement).

	4	3	2	1
Tone	<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"/>
Musicianship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhythmic Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed _____

Name (Please Print) _____ Date _____