

# Riverside High School Band

## Individual Development Plan

### -Wind Instruments-

Name: \_\_\_\_\_ Class Period: \_\_\_\_\_

Please rate and evaluate, to the best of your ability, your current level of musicianship in the following areas:

| TECHNIQUE        | RATING SCALE           | COMMENTS |
|------------------|------------------------|----------|
| Posture          | 0 1 2 3 4 5 6 7 8 9 10 |          |
| Playing Position | 0 1 2 3 4 5 6 7 8 9 10 |          |
| Scales/Rudiments | 0 1 2 3 4 5 6 7 8 9 10 |          |
| Tonguing         | 0 1 2 3 4 5 6 7 8 9 10 |          |
| Flexibility      | 0 1 2 3 4 5 6 7 8 9 10 |          |

| TONE PRODUCTION       | RATING SCALE           | COMMENTS |
|-----------------------|------------------------|----------|
| Embouchure            | 0 1 2 3 4 5 6 7 8 9 10 |          |
| Breathing/Air Support | 0 1 2 3 4 5 6 7 8 9 10 |          |
| Endurance             | 0 1 2 3 4 5 6 7 8 9 10 |          |
| Intonation Awareness  | 0 1 2 3 4 5 6 7 8 9 10 |          |

| MUSICIANSHIP  | RATING SCALE           | COMMENTS |
|---------------|------------------------|----------|
| Sight-Reading | 0 1 2 3 4 5 6 7 8 9 10 |          |
| Phrasing      | 0 1 2 3 4 5 6 7 8 9 10 |          |
| Dynamics      | 0 1 2 3 4 5 6 7 8 9 10 |          |
| Articulation  | 0 1 2 3 4 5 6 7 8 9 10 |          |
| Rhythm        | 0 1 2 3 4 5 6 7 8 9 10 |          |

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DIRECTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_