**Conducting Self-Evaluation**

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

Date of lesson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date evaluation turned in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Matters of posture (head, shoulders, overall alignment):**

**Unnecessary physical/facial tension:**

**Unnecessary physical movement (feet, upper body, etc.):**

**How does the ensemble sound relate to any of the issues above?**

**Perceptions of your conducting now as opposed to immediately after lesson:**

**Isolated comments, concerns, observations (use back if necessary):**