

# CSUDH Voice Area Workshop

## Goal Sheet

Name: \_\_\_\_\_ Performance Date: \_\_\_\_\_

Musical Selection Title: \_\_\_\_\_

Composer: \_\_\_\_\_

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List 3 goals for vocal improvement this performance:

1.

2.

3.

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Teacher Comments:

After your performance, please review these comments and your video. Using these comments and your own reflection, please take and write a 1-2 summary of the experience. These will be handed into Dr. Atkins in partial completion of your MUS 160 Grade.