

O.C.M.E.A.
 Elementary All County Auditions
BRASS/WOODWIND SOLO
 INSTRUMENT: OBOE

Audition Time _____
Date _____
Room _____

Name of Student _____ Grade in School _____
 Name of School District _____ Teacher _____

B \flat Scale MEMORIZED ♩ = 100



Chromatic Scale MEMORIZED ♩ = 100



ADJUDICATOR'S COMMENTS

SCALES

SCALE.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHROMATIC SCALE.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGHT-READING

ACCURACY OF NOTES.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCURACY OF RHYTHM.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCURACY OF ARTICULATION.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCURACY OF DYNAMICS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL NUMBER OF POINTS _____ Adjudicator's Signature _____