CD Listening Form A

Your Name:___________________________________________________________________

Piece:______________________________ Composer:______________________________

Did you listen to this piece at least 2 times?
☐ Yes  ☐ No  PARENTS MUST INITIAL! ______

How does this piece sound to you?
☐ Happy  ☐ Sad  ☐ Excited  ☐ Angry  ☐ Calm  Other______________

Circle all the dynamics that you heard.


What kind of articulation did you hear?

☐ Legato  ☐ Staccato  ☐ Accents

What instruments do you hear in this piece? (Check all that you think you hear)
☐ Violins/Violas  ☐ Cellos  ☐ Flutes  ☐ Clarinets  ☐ Trumpets  ☐ Drums  ☐ Piano
☐ Other (please list)___________________________________________________________________

What do you think the tempo of this piece is?  ☐ Adagio  ☐ Andante  ☐ Allegro

What is the meter of this piece?  ☐ 3 / 4  ☐ 4 / 4

What kind of key is this piece in?  ☐ Major (bright sounding)  ☐ Minor (dark sounding)

Do you like this piece?  ☐ ☺ (yes)  ☐ ☹ (no)  ☐ ☹ (kind of)

Please draw a picture of what you think this piece sounds like.