

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

Date: \_\_\_\_\_

## *Listening and Responding to Music*

1. Title of the piece/song: \_\_\_\_\_

2. Composer/Writer: \_\_\_\_\_

3. Year composed/written: \_\_\_\_\_

4. 

My Score:	/10
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5. What instruments/sounds can you hear?

\_\_\_\_\_

6. What word(s) would you use to describe this music?

\_\_\_\_\_

7. When I listen, it makes me feel... This music makes me think...

\_\_\_\_\_

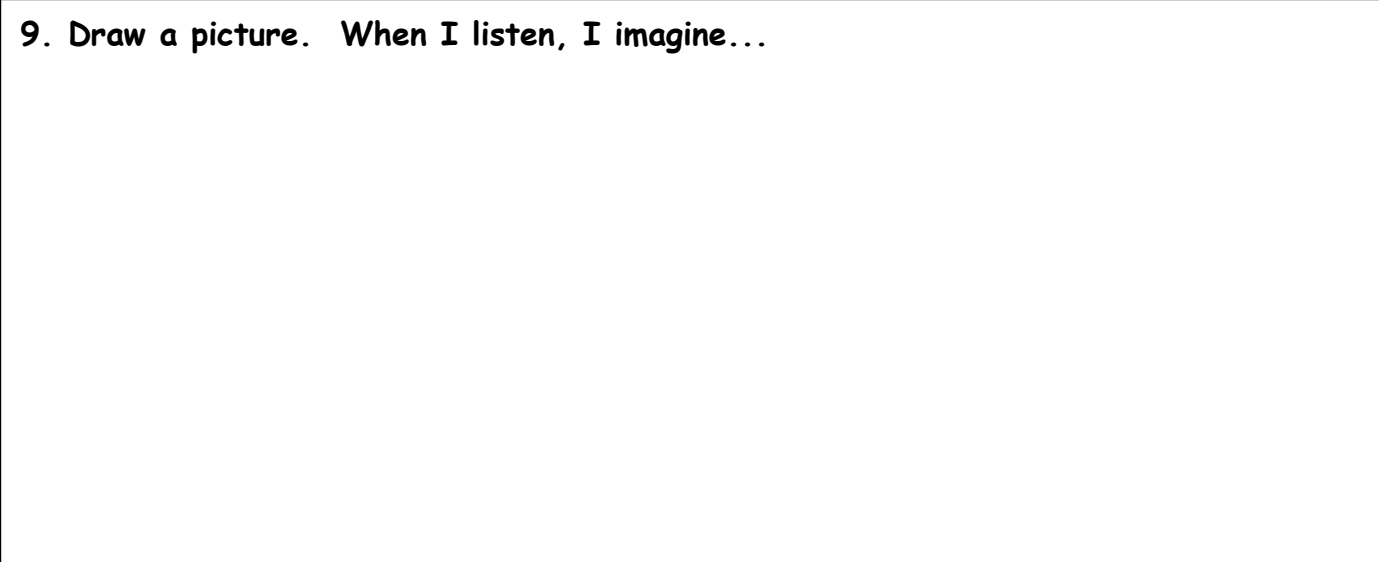
\_\_\_\_\_

\_\_\_\_\_

8. Colours I imagine when I listen...

\_\_\_\_\_

9. Draw a picture. When I listen, I imagine...



10. Who do you think would like this music?

\_\_\_\_\_