

Name: _____

Date: _____

Listening and Responding to Music

1. Title of the piece/song: _____

2. Composer/Writer: _____

3. Year composed/written: _____

4.

My Score:	/10
-----------	-----

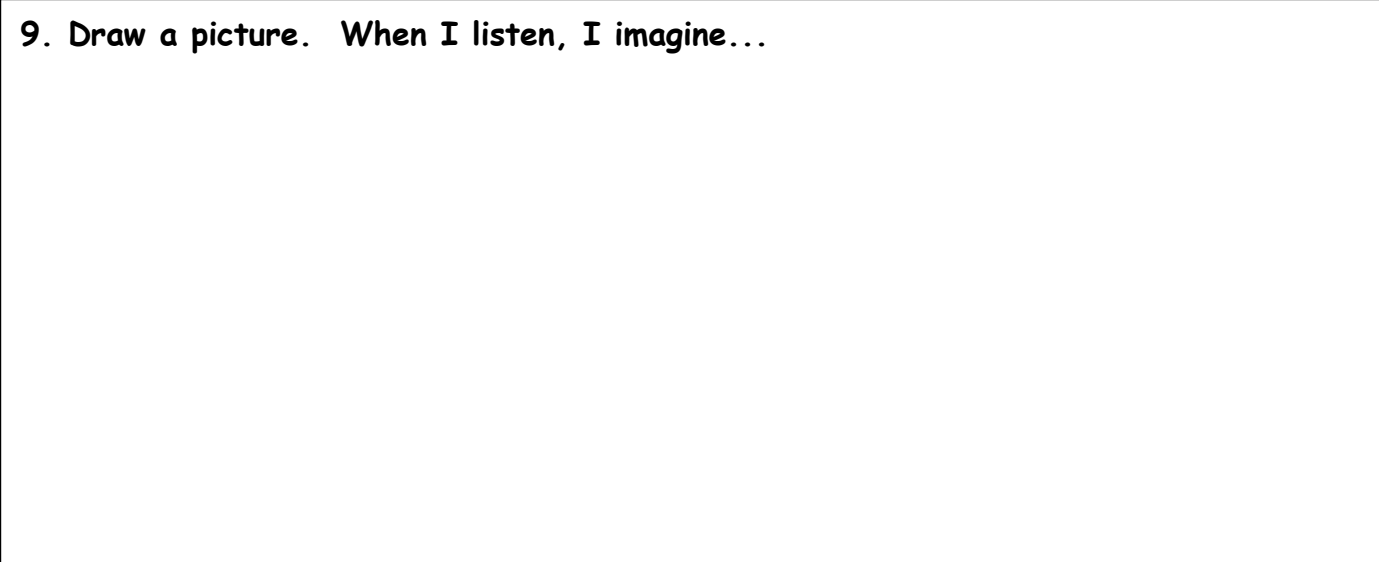
5. What instruments/sounds can you hear?

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?
