

Text Box

*Date \_\_\_\_\_\_*

*\*See reverse side for listening guide recommendations*

|  |  |
| --- | --- |
| *Title* | *Composer* |

|  |  |
| --- | --- |
| *Performer* | *Genre or Time Period Written* |

*First Listen:*

*What was your first impression of this piece?*

*Did you have a different impression by the end of the piece? How so?*

*Second Listen:*

*How was your experience different listening the second time? What did you notice that you hadn’t noticed the first time?*

*What emotions, images, colors, or memories conjure for you while listening, if any?*

*What do you imagine the composer thought or felt or intended the listener to think or feel when he or she wrote this music?*

1. *The Listening Journal should be considered as a guide only and the questions are intended as prompts to get you started in your listening. You are invited to go “off-script” and write your thoughts beyond the questions. You may also decide to skip questions that do not resonate with you.*
2. *We recommend you listen to each selection at least twice. The first listen often serves as information gathering or just getting your bearings. Subsequent play-through's will deepen your listening and allow for creative out-of-the box thought and lead to learning opportunities.*

*Use this space for further thought:*