

## STANDING OVATION PROGRAM REVIEW WORKSHEET

**A. Facilities:**

Parking \_\_\_\_\_  
 Handicap Access \_\_\_\_\_  
 Lobby / Foyer \_\_\_\_\_  
 Auditorium \_\_\_\_\_  
 Sound \_\_\_\_\_  
 Lighting \_\_\_\_\_  
 Temperature \_\_\_\_\_  
 Comfort \_\_\_\_\_  
 Sight Lines \_\_\_\_\_  
 Washrooms \_\_\_\_\_

**B. Song selection:** (did the performance include?)

|                           | Yes / No |
|---------------------------|----------|
| Traditional barbershop    | _____    |
| Broad barbershop umbrella | _____    |
| Novelty                   | _____    |
| Show tunes                | _____    |
| Comedy                    | _____    |
| Inspirational / religious | _____    |
| Contemporary              | _____    |

**C. Quality of Singing:**

|              | <i>Excellent</i> | <i>Above<br/>Average</i> | <i>Average</i> | <i>Below<br/>Average</i> |
|--------------|------------------|--------------------------|----------------|--------------------------|
| Singing      | _____            | _____                    | _____          | _____                    |
| Musicality   | _____            | _____                    | _____          | _____                    |
| Presentation | _____            | _____                    | _____          | _____                    |
| Words        | _____            | _____                    | _____          | _____                    |
| Notes        | _____            | _____                    | _____          | _____                    |
| Intonation   | _____            | _____                    | _____          | _____                    |
| Energy       | _____            | _____                    | _____          | _____                    |
| Discipline   | _____            | _____                    | _____          | _____                    |

**D. Song Sequence:**

|          | <i>Excellent</i> | <i>Above<br/>Average</i> | <i>Average</i> | <i>Below<br/>Average</i> |
|----------|------------------|--------------------------|----------------|--------------------------|
| Opener   | _____            | _____                    | _____          | _____                    |
| Flow     | _____            | _____                    | _____          | _____                    |
| Interest | _____            | _____                    | _____          | _____                    |
| Closer   | _____            | _____                    | _____          | _____                    |

**E. Entrance and Exit Department:**

|            |       |       |       |       |
|------------|-------|-------|-------|-------|
| Plan       | _____ | _____ | _____ | _____ |
| Discipline | _____ | _____ | _____ | _____ |

**F. Non-Singing Commentary:**

|               |       |       |       |       |
|---------------|-------|-------|-------|-------|
| Amount        | _____ | _____ | _____ | _____ |
| Timing        | _____ | _____ | _____ | _____ |
| Quality       | _____ | _____ | _____ | _____ |
| Material      | _____ | _____ | _____ | _____ |
| Entertainment | _____ | _____ | _____ | _____ |
| Value         | _____ | _____ | _____ | _____ |

**G. Costuming and Grooming:**

|             |       |       |       |       |
|-------------|-------|-------|-------|-------|
| Fit         | _____ | _____ | _____ | _____ |
| Stageworthy | _____ | _____ | _____ | _____ |
| Grooming    | _____ | _____ | _____ | _____ |

**H. Overall Entertainment Value:**

Audience Relationship \_\_\_\_\_  
 Enjoyment of Performance \_\_\_\_\_  
 Comedy (if applicable) \_\_\_\_\_

**I. General Comments:**

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# **Standing Ovation Program Review Report**

**Chapter:**

**Date:**

**Location:**

**Time:**

**Seating Capacity:**

**Tickets Sold:**

## **Facilities**

- **Parking –**
- **Handicap Access –**
- **Lobby / Foyer –**
- **Auditorium –**
- **Lighting –**
- **Sound –**
- **Temperature –**
- **Seating Comfort –**
- **Sightlines –**
- **Washrooms –**

*Suggestions and Recommendations (if required):*

## **Song Selection**

- **Traditional –**
- **Broad barbershop umbrella –**
- **Novelty –**
- **Show tunes –**
- **Comedy –**
- **Inspirational/religious –**
- **Contemporary –**

*Suggestions and Recommendations (if required):*

(2)

**Quality of Singing / Presentation**

- **Singing –**
- **Musicality –**
- **Presentation –**
- **Notes –**
- **Words –**
- **Intonation –**
- **Energy –**
- **Discipline –**

*Suggestions and Recommendations (if required):*

**Song Sequence**

- **Opener –**
- **Flow –**
- **Interest –**
- **Closer –**

*Suggestions and Recommendations (if required):*

**Entrances & Exits Department**

- **Plan –**
- **Discipline –**

*Suggestions and Recommendations (if required):*

**Non-Singing Commentary**

- **Amount –**
- **Timing –**
- **Quality –**
- **Material –**
- **Entertainment –**
- **Value –**

*Suggestions and Recommendations (if required):*

(3)

**Costume & Grooming**

- **Appropriate –**
- **Fit –**
- **Stage worthy –**
- **Grooming –**

*Suggestions and Recommendations (if required):*

**Overall Entertainment Value**

- 
- 

*Suggestions and Recommendations (if required):*

**General Comments**

- 
- 

*Suggestions and Recommendations (if required):*

**(Name of Reviewer)**

**(Name of District) SOP Reviewer**

**(Date review filed)**

*Comments on singing packages follow on the next few pages.*

(4)

**COMMENTS ON SONGS PERFORMED**

**Performer**

**Song Title**

**Comments**

