

Name

Music

WAS THE MOOD RIGHT?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAS THE SOUND GOOD?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WERE THE NOTES RIGHT?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DID I MAKE A PIECE OF MUSIC?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAS MY PLAYING IN CONTROL?		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WHAT I HAVE TO DO FOR MY NEXT LESSON		
		