TEST PERCEPTIF

| Nom: | Prenom: | | | Age: | |
|-------|----------|--------|----------|---------|--|
| | Professi | on: | Musicier | n: | |
| ALG01 | gualite | timbre | espace | defauts | |
| Mix1 | 4 | | | | |
| Mix2 | | | | | |
| Mix3 | | | | | |
| | | | | | |
| ALGO1 | qualite | timbre | espace | defauts | |
| Mix1 | • | | • | | |
| Mix2 | | | | | |
| Mix3 | | | | | |