**NAME OF PEER ASSESSOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **NAME** | **BODY TENSION** | **CONTROL** | **STRENGTH** | **MIME** | **FOCUS** | **ENSEMBLE** | **STAY IN ROLE** | **EXAGERATION** | **VOCAL SKILLS** |
|  |  |  |  |  |  |  |  |  |  |

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| **STAR** = What was good.  **WISH** = What could be improved. | **COMMENTS**  Write what you think was good or what could be improved. |
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