

TEXAS BANDMASTERS ASSOCIATION

BEGINNER INSTRUCTION SERIES



SAXOPHONE

ALFRED ESQUIVEL
CLINICIAN

49TH ANNUAL CLINIC
SAN ANTONIO, TEXAS
1996

Foreword

The Texas Bandmasters Association for the second year continues to sponsor a series of clinics on beginning instrumental teaching methods, presented by some of Texas' premier music educators during the 1996 TBA Convention in San Antonio, Texas. These master teachers, chosen from the ranks of superior music educators in the State, represent a wide diversity in geographic location, as well as, in teaching situations.

A session will be presented on six band instruments with a companion handout. In this handout, you will find teaching methods, and classroom organizational skills which are used successfully in today's schools.

We acknowledge the efforts of the clinicians who prepared these booklets and, who also presented a clinic session. In addition we acknowledge Jim Hagood, TBA Immediate Past President, whose vision provided us with the many benefits we gain through this series of clinics. Jim Hagood's foresight, and diligent efforts in laying out the ground work for these series is very much appreciated.

This series is respectfully dedicated to the legions of band directors who have gone before us and who have built the music education program that is unique in history: TEXAS' BANDS. Representing the best of this tradition was the 1990 President of TBA, the late Malcolm Helm, whose example and teaching inspired and challenged all of us.

Bob Brandenberger, President, Texas Bandmasters Association

ALFRED ESQUIVEL

Alfred Esquivel is currently the band director at his high school alma mater, Burbank High School, San Antonio, I.S.D. Prior to returning to S.A.I.S.D., he served eighteen years as assistant and head band director at Robert E. Lee High School. He received his B.S. in Math and M.A. in Music from South West Texas State Univ. Under his direction, the Lee Band accumulated several U.I.L. Sweepstakes Awards and represented Region XII at State Marching Contests and Honor Band Competitions. As a private saxophone instructor, he has helped twenty students earn All-State Band Honors. Esquivel has enjoyed serving as a clinician and adjudicator for U.I.L., TBA, and TMEA. He is also on staff at the University of Texas Longhorn Summer Band Camps.

THE BEGINNER SAXOPHONE CLINIC

PRESENTED
BY
ALFRED ESQUIVEL

OUTLINE

- I. STUDENT SELECTION
- II. ASSEMBLY OF THE SAXOPHONE
- III. HANDLING THE SAXOPHONE
- IV. PROPER BREATHING AND BREATH SUPPORT
- V. EMBOUCHURE
- VI. TONE AND TONGUING
- VII. EQUIPMENT
- VIII. COMMON FAULTS

III. HANDLING THE SAXOPHONE

1. It is vital to have students sit with good posture. Both feet should be flat on the ground and back should be perpendicular to the ground. Students should not be slouched over preventing a unrestricted passage of air from the diaphragm.
2. Traditional position, side angle is recommended for beginning saxophone students. Have students set the instrument on the right side against the right thigh; keeping the bottom of the instrument further to the rear.
3. With a relaxed right arm, keep the elbow away from the side of the body. Angle is critical because it has a direct affect on flexibility of the hand and fingers.
4. The mouthpiece should be at a slight upward direction.
(10 to 15 degrees)
5. The left hand is guided by the instrument's thumb rest, the octave key, again keeping the elbow away from the body. (Beginning book illustrations are generally sufficient examples).
6. Check that arms and hands are relaxed. Also, the fingers should be slightly curved over the keys to allow for technical ease.
7. Check that the neck strap is at proper length. This should be done daily for beginner students because mouthpiece angle can be affected with improper height of the instrument. A good rule to remember is: the instrument must come up to the student not the opposite. If the strap is too low, the student will drop the head/chin and slouch over to reach the mouthpiece. This will lead to restriction of the air column. If the neck strap is too high, the student will reach up with the head causing an improper embouchure and weak uncharacteristic sound.

IV. PROPER BREATHING AND BREATH SUPPORT

Knowing that proper breathing is essential to good breath support, one must require students to sit up straight and demonstrate good posture. This requirement is extremely important to the young saxophonist using side positioning of the instrument.

INHALING & EXHALING

1. Air should be taken in with the throat relaxed and open. Using the word syllable "HO" is a good way to demonstrate this procedure while inhaling. (An analogy I have had success with is to think of drinking the air to the stomach area, letting the waistline expand.)
2. Discourage any extraneous movement in upper body. Especially the shoulders.
3. Exhaling is a method of using stomach muscles to maintain a steady stream of air. Have students "HISS" verbally as they push supported air from lungs. Waistline should stay extended during the process. (Problems occur when students vary the air speed while exhaling.)
4. When expelling the air, the throat must stay open!!

V. EMBOUCHURE:

There are a variety of embouchure formations recommended for saxophone use. This variety is directly influenced by facial characteristics, consequently the same embouchure formed by different individuals may look different.

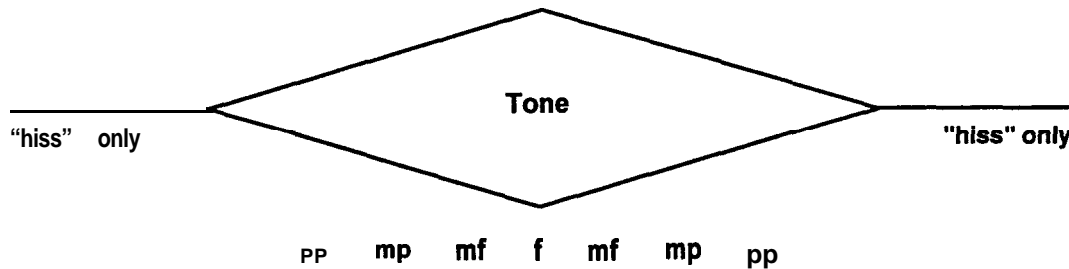
BASIC CONCEPTS

Lips and teeth should support the reed and mouthpiece with equal pressure from all directions. This could be compared to a medium strength rubber band surrounding the reed and mouthpiece.

1. Lower lip needs to be stretched over bottom teeth losing sight of red portion of lip.
2. Lower lip should allow 'half an inch' of reed cleared inside the mouth. This will determine control of reed area for tone quality and intonation.
3. Upper lip should NOT be stretched over top teeth. Top teeth should "click" on top of mouthpiece. Ideal teeth position would be top teeth over bottom teeth, directly lined up.
4. Chin muscles should not be too firm.
5. The amount of mouthpiece taken into the mouth should be determined by the 'half inch' reed clearance of lower lip.

VI. TONE AND TONGUING

TONE can improve rapidly with the use of the following exercise. a students set embouchure first: using proper inhaling procedure, start with "hiss" sound only. Gradually producing a tone that will crescendo and decrescendo back to the "hiss" sound again. Keep waistline expanded throughout the entire process.



TONGUING function is to only interrupt air stream. Student should maintain a relaxed tongue, attempting to move only the tip of the tongue upward to reed. Root of tongue should remain down insuring an open throat. Tongue should be arched as when saying the word "OR" allowing "HISS" air stream above tongue. Have student use syllables "DO" and "DAH" for short and long articulations. Remind students that breath support and articulation are inseparable. Student should relax and lower tongue after each articulation. Movement of jaw when tonguing must be eliminated.

VII. **Equipment;**

A well adjusted instrument is vital. Often a used instrument is in need of adjustment, consequently hindering initial lessons. Check all springs, pads, and corks for wear and tear. A minimum investment for adjustment often gains great benefits.

MOUTHPIECE -should be clean and not chipped. Medium size lays are best. (3-5)

LIGATURE - can often be inverted to have screws on top. This does help preserve the reed.

REEDS - are the most important. Start beginners on medium soft reeds. (2 1/2 or 3)

TOO SOFT a reed plays flat or will collapse under pressure .

TOO HARD a reed will not blow freely and/or will produce a sharp tone. Too hard a reed often causes future problems, resulting in too hard a bite. Students should soak reeds half at a time in their mouth for a few minutes before playing. Have students always carefully remove reeds after practicing.

VIII. COMMON FAULTS:

1. Too little or too much mouthpiece; amount should be determined by reed clearance of approximately $1/2$ inch.
2. Amount of lip; lower lip coverage of bottom teeth vary with individuals, however too much lip causes a squawky tone and too little lip causes a nasal tone.
3. Do not allow student to cover top teeth with lip.
4. Puffy cheeks are caused by lack of support in cheek muscles. Puffy cheeks also indicate poor breath support. (use mirror to show student this fault)
5. Dimples in cheeks is caused by improper use of corner mouth muscles. Use drawstring approach to develop the concept of pressure from the corners of the mouth toward the reed.
6. A common fault in holding the saxophone is allowing bottom of instrument too far back causing inclined head downward.
7. Bending of octave lever on neck piece.