



2009-2010 Artist/Writer Form For Evaluation of School

Name of School _____ Grade Levels _____

Artist/Writer _____ Program/Residency Date(s) _____

The artist/writer should complete this evaluation immediately after the performance/residency and return it to: **Arts Education Dept., United Arts Council, 110 S Blount St, Raleigh, NC 27601. You may fax it to 919-839-6002, attn. Arts Education Dept.** Payment for United Arts funded events will be sent after United Arts receives this form. Thank you!

PLEASE RATE BY CIRCLING THE APPROPRIATE NUMBER

POOR-----EXCELLENT

- | | | | | | | |
|---|-----|----|-----------|---|---|-----|
| 1. The performance/residency was appropriate to age of students. | 1 | 2 | 3 | 4 | 5 | N/A |
| 2. The performance/residency was appropriate to curriculum being studied. | 1 | 2 | 3 | 4 | 5 | N/A |
| 3. Communication/planning time with teachers or contact person was adequate. | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. School provided adequate, advance information on site, location, group and schedule. | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. The facilities were appropriate for performance/residency. | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. Students were well prepared for performance/residency. | 1 | 2 | 3 | 4 | 5 | N/A |
| 7. Teacher(s) actively assisted or participated. | 1 | 2 | 3 | 4 | 5 | N/A |
| 8. Student behavior was appropriate. | 1 | 2 | 3 | 4 | 5 | N/A |
| 9. The performance/residency was received enthusiastically by students. | 1 | 2 | 3 | 4 | 5 | N/A |
| 10. The performance/residency was received enthusiastically by teachers. | 1 | 2 | 3 | 4 | 5 | N/A |
| 11. The teacher(s) have planned related follow-up lessons/activities. | 1 | 2 | 3 | 4 | 5 | N/A |
| 12. Rank the overall success of this performance/residency at this site. | 1 | 2 | 3 | 4 | 5 | N/A |
| 13. Workshops/Residencies only: The teacher(s) remained in the classroom during the program. | YES | NO | SOMETIMES | | | |
| 14. Additional comments/suggestions: | | | | | | |