



2009-2010 School Form For Evaluation of Artist

Name of School: _____ Grade Levels _____

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

Teacher (optional) _____

- **Provide each teacher involved with the performance/residency a copy of this form to complete.**
- Collect the forms and return immediately after the performance/residency to : **Arts Education Dept., United Arts Council, 110 S Blount St, Raleigh, NC 27601. You may fax them to 919-839-6002, attn. Arts Education Dept.** Artist 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. Adequate educational materials were received prior to the event. | 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. The performance/residency was appropriate for the involved students' age levels. | 1 | 2 | 3 | 4 | 5 | N/A |
| 4. The artist(s) engaged students in the performance/residency. | 1 | 2 | 3 | 4 | 5 | N/A |
| 5. The artist(s) related well to the students. | 1 | 2 | 3 | 4 | 5 | N/A |
| 6. The artist(s) demonstrated skill in his/her art form. | 1 | 2 | 3 | 4 | 5 | N/A |
| 7. The students responded positively to the performance/residency. | 1 | 2 | 3 | 4 | 5 | N/A |
| 8. Faculty responded positively to the performance/residency. | 1 | 2 | 3 | 4 | 5 | N/A |
| 9. Students' knowledge of this art form was increased. | 1 | 2 | 3 | 4 | 5 | N/A |
| 10. The performance/residency generated greater interest and/or appreciation of the arts and/or this art form. | 1 | 2 | 3 | 4 | 5 | N/A |
| 11. The duration of the performance/residency was appropriate. | 1 | 2 | 3 | 4 | 5 | N/A |
| 12. Rank this program professionally. | 1 | 2 | 3 | 4 | 5 | N/A |
| 13. Any additional comments/suggestions? | | | | | | |

14. For Residencies only:

The goals/activities of the residency were adequately discussed with teachers during a minimum one hour planning meeting prior to the residency.

	1	2	3	4	5	NO
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