

ArtsPath

Arts-in-Education Program

Artist's Post Residency Evaluation Form

To be completed by artist(s) immediately following the residency,
and **REQUIRED** in order to ensure proper payment.



HOST SITE NAME: _____
TEACHER(S): _____
SITE TYPE: ____HIGH SCHOOL ____JR HIGH SCHOOL ____MIDDLE ____ELEM ____OTHER
PARTICIPANT'S GRADE/AGE: _____ RESIDENCY DATES: _____
NAME OF COMPANY, ARTIST(S), OR ENSEMBLE: _____
DISCIPLINE / ART FORM: _____

Please circle the number that best expresses your reaction:

	<u>Lowest</u>		<u>Highest</u>		<u>Comments</u>
1. Overall residency rating	1	2	3	4	N/A
2. Goals were met	1	2	3	4	N/A
3. Residency planning process	1	2	3	4	N/A
4. Schedule of events	1	2	3	4	N/A
5. Length of residency	1	2	3	4	N/A
6. Students directly involved in creative process (hands on)	1	2	3	4	N/A
7. Organization of core group(s)	1	2	3	4	N/A
8. Age-appropriateness	1	2	3	4	N/A
9. Support of academic standards	1	2	3	4	N/A
10. Environment conducive to art education	1	2	3	4	N/A
11. Availability of resources (classroom/artist materials)	1	2	3	4	N/A

Please respond to the following:

1. How did the residency planning form assist you?
2. If culturally specific, what art forms were presented?
3. Were teacher, parents and/or the community involved? How?
4. What were the most useful things you learned?
5. What focus will future residencies include?
6. If you were to repeat this residency, what would you do differently?

Please provide the following numerical information:

Total number of students benefiting ____ Number of Minority ____ Number of Disabled ____
Total number of core students benefiting ____ Number of Minority ____ Number of Disabled ____
Total number of teachers benefiting ____ Number of Minority ____ Number of Disabled ____

Total hours spent in: ____ Residency Preparation ____ Core Student Teaching ____ At Host School

When returning the form to ArtsPath, please include any publicity, examples of student work, slides, and/or photos of this residency.

Artist Name _____ Phone number _____ Date _____

Please return this form to: Jeff Wacker, Associate Director, Lively Arts |ArtsPath
Indiana University of Pennsylvania • 202 Performing Arts Center • 403 S. 11th St. • Indiana, PA 15705-1008
Phone 724-357-2787 (ARTS) ♦ Fax 724-357-7899



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