ARTS CENTRAL
The Arts & Culture Council of Central Oregon
Art Station ■ 313 Shevlin Hixon Drive ■ Bend, OR 97702 ■ 541-617-1317 ■ Fax 541-617-1439

Artists in Schools Residency Program

ARTIST RESIDENCY EVALUATION

SITE *(Name and address)*_____PHONE_____-_____-_____

ARTIST_____RESIDENCY DATE (S)_____

Grade level taught ____Total No# of students _____No# of staff involved _____ Volunteers _____On-site coordinator _____

Please rate the artist on his/her effectiveness. (Circle number)	**Low**	**1**	**2**	**3**	**4**	**5**	**High**
Communication – Expressive, clear, suitable & age appropriate language		*1*	*2*	*3*	*4*	*5*	
Activity Preparation – *Clearly planned outcomes, organization & supply requests*		*1*	*2*	*3*	*4*	*5*	
Art Activities *– Age appropriate, achievable objectives and activities*		*1*	*2*	*3*	*4*	*5*	
Learning Atmosphere *– Generated good rapport and response from children*		*1*	*2*	*3*	*4*	*5*	
Professionalism *– with staff, office support, parents and community*		*1*	*2*	*3*	*4*	*5*	

Did you have staff in-service? _____ Number of staff _____ Describe:

Do you feel the residency was successful overall? Give an example of the most positive and or negative aspect.

Was the artist prepared for the residency? What suggestions would you give him/her for future residencies?

What type of community outreach/media did the residency receive? **Please send copies of any press coverage for grant documentation.**

Will teachers incorporate the resident artist's curriculum in their classroom?

What additional types (s) of activities/training would be of benefit for staff development in the arts?

(PLEASE MAKE COPIES FOR YOUR TEACHERS & RETURN A.S.A.P. after residency)