



ART STATION ■ 313 Shevlin Hixon Drive ■ Bend OR 97702 ■ 541-617-1317 ■ Fax 541-617-1439

Artists in Schools Residency Evaluation & Invoice

FILL OUT COMPLETELY

ARTIST Name _____

SITE Name _____

Residency Dates _____ **Residency Content** _____

Grade level(s) _____ **Total number of students** _____ **No# of staff involved** _____ **Volunteers** _____

1. Do you feel the residency was successful overall? Briefly describe successes and *any* problems or challenges you had.

2. Did you have staff in-service? _____ Describe:

3. Did you provide the site with any post-residency materials or activities? _____ Describe.

Was the site prepared? _____

Was the home stay adequate? _____

Would you return to this site? _____

Was the facility adequate? _____

Signed _____ Date _____

Residency Fee at \$600/wk or \$30/hr \$ _____ ↔ (include any extra days/hours) @ \$30 per hour

Mileage reimbursement at \$.45/mile \$ _____ (mileage – *one* round-trip *per week* to site) _____ miles

Supplies reimbursement

(with prior agreement with site)

\$ _____

ARTIST ADDRESS:

TOTAL \$ _____

PLEASE RETURN THIS EVALUATION TO AIS FOR PAYMENT OF RESIDENCY