

ArtsPath

Arts-in-Education Program

Host Site Coordinator/Administrator Evaluation Form



REQUIRED – To be completed by the site coordinator(s) and the site administrator. When completing the evaluation, host site coordinators and administrators are encouraged to collaborate with **all** individuals involved in the artist residency. Evaluations are shared with the artist.

HOST SITE: _____ RESIDENCY DATES: _____

ARTIST: _____ ART FORM _____

NO. CORE GROUP STUDENTS: _____ AGE/GRADE: _____ TOTAL SITE STUDENT POP: _____

NAME OF INDIVIDUAL COMPLETING FORM: _____

Please circle the number which best expresses your reaction:

	<u>Lowest</u> <u>Highest</u>					<u>Comments</u>
Overall effectiveness of residency						
1. Residency goals/objectives accomplished	1	2	3	4	N/A	
2. Benefits to core group(s)	1	2	3	4	N/A	
3. Benefits to non-core group students	1	2	3	4	N/A	
4. Professional development/ideas for teachers	1	2	3	4	N/A	
5. Parent/community involvement/outreach	1	2	3	4	N/A	
6. Use of information across curriculum	1	2	3	4	N/A	
7. Opportunity for extended study	1	2	3	4	N/A	

	<u>Lowest</u> <u>Highest</u>					<u>Comments</u>
Artist qualities						
1. Development/presentation of material consistent with residency goals/objectives	1	2	3	4	N/A	
2. Demonstrated mastery of subject	1	2	3	4	N/A	
3. Encouraging and receptive to students' ideas, questions and comments	1	2	3	4	N/A	
4. Provided immediate feedback to students	1	2	3	4	N/A	
5. Stimulated students to perform at optimum Level and toward independent functioning	1	2	3	4	N/A	
6. Made subject matter more meaningful through use of examples and application	1	2	3	4	N/A	
7. Used a variety of teaching methods	1	2	3	4	N/A	
8. Demonstrated effective rapport with students	1	2	3	4	N/A	
9. Presented material in an organized manner	1	2	3	4	N/A	
10. Gave clear explanations	1	2	3	4	N/A	

Observations:

1. Discuss any outstanding successes.
2. Discuss any problems encountered. Include suggestions to improve the residency.
3. Discuss any community involvement. List any community cash or in-kind support.
4. Discuss any follow-up plans for your school and/or community.
5. What specific benefits did this artist residency provide for your students and school community?
6. Do you recommend this artist for other residencies? _____ Why or why not?
7. Generally speaking, on a scale of 1-10 (1 lowest, 10 highest), how would you rate the overall value of having an artist visit your school over an extended period of days?
8. Additional comments (please use another sheet of paper if necessary):

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	___

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

Signature of person completing form	Title	Phone Number	Date
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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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