



## Northern Tier Partnership for Arts in Education Artist Evaluation Form

**REQUIRED.** To be completed by artist and returned to NTPAIE at the conclusion of the artist residency.  
Residency payment cannot be made until AIE Director receives all artist paperwork.

Name of Artist \_\_\_\_\_ Host/School \_\_\_\_\_ Residency Dates \_\_\_\_\_

Host Coordinator/Teacher \_\_\_\_\_ Date of Planning Session \_\_\_\_\_

**Please complete the following questions using a separate sheet of paper.** Be sure to number your answers.

1. Was planning adequate for your residency? Yes \_\_\_\_ No \_\_\_\_ Explain.
2. Were the activities you participated in well coordinated? Yes \_\_\_\_ No \_\_\_\_ Explain.
3. If you required special studio or workspace arrangements, was the space provided adequate? Comments.
4. Describe briefly a typical core group experience.
5. Describe briefly any activities you conducted which involved the site staff and/or administration.
6. Did you participate in any community outreach/publicity efforts aimed at the larger community? If yes, please describe.
7. What were the most useful things you learned?
8. What focus will future residencies include?
9. If you were to repeat this residency, what would you do differently?
10. How may the NTPAIE further assist you with your residency program? What specific training/professional development needs do you have?

**Please rate the following:**

	Lowest		Highest		Comments
1. Quality of instructional environment	1	2	3	4	5 N/A
2. Adequacy of supplies	1	2	3	4	5 N/A
3. Involvement/support of teachers	1	2	3	4	5 N/A
4. Helpfulness/support of administrators	1	2	3	4	5 N/A
5. Enthusiasm/participation of students	1	2	3	4	5 N/A
6. Comprehension of students	1	2	3	4	5 N/A
7. Overall quality of process/project	1	2	3	4	5 N/A

**Return completed forms to:**

Kelly White - NTPAIE/PPA Director  
Bradford County Regional Arts Council - 601 Main Street - Towanda, PA 18848  
PHONE: (570) 268-ARTS FAX: (570)265-4558  
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