

Northern Tier Partnership for Arts in Education Host/Teacher Evaluation Form

<u>REQUIRED</u>: Both the host/teacher(s) and the site administrator/principal should complete and submit this form to the NTPAIE office at the conclusion of the artist residency. Site coordinator(s) are encouraged to collaborate with <u>all</u> staff involved in the artist residency when completing this evaluation form. *Evaluations are shared with the artist.

Host Site/school			Artist		Date of Residency							
# of Core Group Students Grade(s)				_ Tot	al Stu	ıdent Po _l	pulation of Site					
Total Students Benefiting (core groups, audiences, etc.) Total Teach							ers/Staff Benefiting					
Tot	al Administrators Benefiting	To	tal Comn	nunity	/ Mei	mbers Be	enefiting					
Of Those Who Benefited from this Residency, Total # Minority Total # Disabled												
Nar	me and Title of Person(s) Compl	eting this Form										
Please circle the number which best expresses your reaction: Comp								<u>ıment</u>	<u>s</u>			
Ove	erall effectiveness of the resi	dency.	Lov	vest		Highest						
1.	Residency goals/objective a	ccomplished.	1	2	3	4						
2.	Benefits to core group(s).		1	2	3	4						
3.	Benefits to non-core group:	students.	1	2	3	4						
4.	Professional development/io	deas for teachers.	1	2	3	4						
5.	Parent/community involvem	nent/outreach.	1	2	3	4						
6.	Use of information across cu	ırriculum.	1	2	3	4						
7.	Opportunity for extended st	udy.	1	2	3	4						
Art	istic Quality.											
1.	. Development and presentation of material consistent with residency goals/objective					als/objectives.	1	2	3	4		
2.							1	2	3	4		
3.	Encouraged and was receptive to students' ideas, questions and comments.						1	2	3	4		
4.	Provided immediate feedback to students.						1	2	3	4		
5.	Stimulated students to perform at optimum level and toward independent functioning.					1	2	3	4			
6.								1	2	3	4	
7.							1	2	3	4		
8. Demonstrated effective rapport with students.								1	2	3	4	
9. Presented material in an organized manner.										3		
	. Gave clear explanations.					1	2	3	4			

Observations:

1. Share any outstanding successes.

	ENCLOSURES: Please include any publicity, examples of student work, slides, photos of the residency.
	ENGLOSURES Places include any multiple account of the latest terms
Ad	ditional Comments:
8.	Please re-state your residency goals (as submitted on your request form) and share evaluation results.
	visit your school over an extended period of days?
7.	Generally speaking, on a scale of 1-10 (1 lowest, 10 highest), how would you rate the overall value of having an artist
6.	Do you recommend this artist for other residencies? Why or why not?
	teaching/professional development needs?
5.	What specific benefits did this artist residency provide for your students and school community? For your own
4.	Discuss any follow-up plans for your school and/or community.
3.	Discuss any community involvement. List any community cash or in-kind support.
2.	Share any problems encountered. Include suggestions to improve future residencies.

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
ntpaie@bcrac.org
www.bcrac.org