



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

REQUIRED: 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 all 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) _____ Total Student Population of Site _____

Total Students Benefiting (core groups, audiences, etc.) _____ Total Teachers/Staff Benefiting _____

Total Administrators Benefiting _____ Total Community Members Benefiting _____

Of Those Who Benefited from this Residency, Total # Minority _____ Total # Disabled _____

Name and Title of Person(s) Completing this Form _____

Please circle the number which best expresses your reaction:

Comments

Overall effectiveness of the residency.

	Lowest		Highest	
1. Residency goals/objective accomplished.	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/ideas for teachers.	1	2	3	4
5. Parent/community involvement/outreach.	1	2	3	4
6. Use of information across curriculum.	1	2	3	4
7. Opportunity for extended study.	1	2	3	4

Artistic Quality.

1. Development and presentation of material consistent with residency goals/objectives.	1	2	3	4
2. Demonstrated mastery of subject.	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. Made the subject matter more meaningful through the use of examples and application.	1	2	3	4
7. Used a variety of teaching methods.	1	2	3	4
8. Demonstrated effective rapport with students.	1	2	3	4
9. Presented material in an organized manner.	1	2	3	4
10. Gave clear explanations.	1	2	3	4

Observations:

1. Share any outstanding successes.
2. Share any problems encountered. Include suggestions to improve future residencies.
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? For your own teaching/professional development needs?
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. Please re-state your residency goals (as stated on your application) and share evaluation results.

Additional Comments:

ENCLOSURES: Please include any publicity, examples of student work, slides, photos of the residency.

Return completed forms to:

Rena Chamberlain - 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

