



Box 70 Middle Settlement Road  
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Programs & Professional Development  
Phone (315) 793-8573

## ARTS-IN-EDUCATION POST-PERFORMANCE SCHOOL REPORT

School must return to address above or fax immediately following artist visit.

Artist/Group Name:	Program Name (if different):
School District:	Program Date:
School Building:	School Contact:
Type of Program: <input type="checkbox"/> Performance <input type="checkbox"/> Workshop <input type="checkbox"/> Residency <input type="checkbox"/> Consulting Service	Number of Students: Grade Level(s):
Evaluation Completed by: <input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Other	

Please check the appropriate box and comment on the following items:	Strongly agree	Agree	Disagree	Strongly Disagree
<i>EDUCATIONAL QUALITY OF THE PROGRAM</i>				
The program was grade level appropriate.				
The teacher(s) and artist did preplanning.				
The students were engaged, interested, and attentive.				
<i>ARTISTIC QUALITY</i>				
The artist's skill in the art form.				
The artist interacted well with the students				
The artist encouraged the students to participate.				
Effective materials were provided prior to or following the experience.				
<i>WORKSHOPS AND RESIDENCIES ONLY</i>				
The artist provided for hands-on experience.				
The artist communicated with teachers and staff.				

The most significant aspect (positive or negative) of this program was: