



Young Audiences

2010-11 RESIDENCY/WORKSHOP SELF-EVALUATION

Please mail or fax evaluations to:

Young Audiences • 1220 SW Morrison, Suite 900 • Portland, OR 97205-2228 • Phone: 503-225-5900 Fax: 503-225-0953

Artist's Name: _____ Today's Date _____

Type of Program (check one): Residency Workshop School Name: _____

District: _____ Date(s) of Program: _____ Grade Level(s): _____

Did you refer to Young Audiences during the residency/workshop? Yes No



Programmatic goal: to enhance young people's learning in and through the arts.

Please rate the following on a 1-5 scale
(1 being the least desirable and 5 being the most.)

Didn't Meet Expectations	Acceptable	Good	Excellent	Ideal
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Artist/Teacher Relationship

1. If applicable, was your planning meeting collaborative?	1	2	3	4	5
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Child Development

2. Was the content of your program presented sequentially in a developmentally appropriate way?	1	2	3	4	5
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Presentation

4. Did you communicate effectively with students and create a positive rapport?	1	2	3	4	5
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Content

5. Did you share knowledge of the history and aesthetics of your art form?	1	2	3	4	5
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6. Did you connect your art form to other subject areas and life experiences?	1	2	3	4	5
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Motivation and Classroom Management

7. Were students actively engaged throughout your program?	1	2	3	4	5
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8. Were you flexible and adaptable in response to student needs?	1	2	3	4	5
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Artistry

9. Did you empower the students to create in original and compelling way?	1	2	3	4	5
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Assessment

10. Did you guide the students to thoughtfully reflect on their work and/or the work of others?	1	2	3	4	5
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Presentation and Content

11. What was the most outstanding component or greatest strength of your program? Why?

12. What element of your residency/workshop needed improvement? Why?

Technical/Logistical

13. Describe any factors that might have affected the overall success of your program.

(For additional comments use back side)