



# Young Audiences

## 2010-11 RESIDENCY/WORKSHOP EVALUATION BY SCHOOL

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

Type of Program (check one):      Residency                      Workshop  
 Artist Name: \_\_\_\_\_ School Name: \_\_\_\_\_  
 District: \_\_\_\_\_ Date(s) of Program: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
 Did the artist 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.)

	Not Visible	Acceptable	Good	Excellent	Ideal
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### Artist/Teacher Relationship

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

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

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

5. Did the artist share knowledge of the history and aesthetics of the art form?	1	2	3	4	5
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6. Did the artist connect the 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 the program?	1	2	3	4	5
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8. Was the artist flexible and adaptable in response to student needs?	1	2	3	4	5
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### Artistry

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

10. Did the artist guide the students to thoughtfully reflect on their work and/or the work of others?	1	2	3	4	5
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(continue on other side)

**Presentation and Content**

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

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

**Technical/Logistical**

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