

## Site Coordinator Residency Evaluation

Thank you for evaluating ArtsEast's Artist-in-Residence program. Please complete both sides of this form. Include comments on additional sheets of paper, if necessary. Ratings are based on a 5-point scale with 5 being the highest rating. **Please send this evaluation to ArtsEast no later than two weeks after completion of your residency.**

*The Artist-in-Residence program is almost entirely grant-supported. The following information is required by many of our grantors.*

### A. Residency NUMBERS - Teachers & Students whom actively participated in residency

Artist: \_\_\_\_\_ Site: \_\_\_\_\_ Dates of Residency: \_\_\_\_\_

Site Coordinator Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### Number of Teachers/Volunteers involved:

Administrators:	Teachers:	Aides:	Other:
Volunteers:	Parents:		

#### Percentage:

Minority:	%	Special Needs:	%	Reduced Hot Lunches #'s:
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Total Site Population: \_\_\_\_\_

Number of student group(s) who met with Artist each day: \_\_\_\_\_

Grade Level(s): \_\_\_\_\_

Length of each session: \_\_\_\_\_

Number of daily sessions: \_\_\_\_\_

Number of students per session: \_\_\_\_\_

Number of Students who **produced** or **performed** art: \_\_\_\_\_

Number of Students who **observed** art:  
(demos, slides, performance, lectures, etc.) \_\_\_\_\_

Grade Level(s): \_\_\_\_\_

### B. Residency CONTENT

#### LEARNING OBJECTIVES

How did the residency meet mutually agreed upon learning targets and expectations as discussed during the pre-planning meeting?



Low High  
1 2 3 4 5

6. **Professionalism:** with teachers, office and support staff, and community

*Comments: (working with artist, artist's knowledge of art discipline, strengths/weaknesses, objectives met)*

**D. Residency PLANNING**

Low High  
1 2 3 4 5

1. Rate the quality of pre-residency planning/communication between Artist and Site?

2. How far in advance was your planning session? Was it adequate time? Yes No

3. Were residency activities documented (photos, tapes, interview, publicity, other)? Yes No

**Please send copies of documentation (photos, press releases, newspaper clippings, etc.)**

**E. Residency FINANCIAL CONTRIBUTIONS**

1. How much did your school contribute towards the residency?

2. Did you receive other financial contributions? How much?

Who/what organization provided financial support (PTA, PTO, etc.)?

Please include the name of the chairperson and their contract information:

Phone: E-mail:

3. Donations – Please list any significant donations (materials, in-kind services, etc.)

**F. Assistance from ArtsEast AiR Coordinator**

We are a community-based arts education resource and would be grateful for any suggestions and/or comments that will help us improve our services and meet your needs:

Thank you so much for your time and dedication to arts education!

\_\_\_\_\_  
(Signature) Date