

# Artists in Schools/Communities Program

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You can download a copy of this form at: [http://art.mt.gov/resources/resources\\_sitemap.asp](http://art.mt.gov/resources/resources_sitemap.asp)

## Residency Evaluation Form for ARTISTS

### Section 1: SCHEDULE AND PARTICIPATION

Artist/Company Name \_\_\_\_\_

Artist/Company Email \_\_\_\_\_

Sponsor name (school or organization) and city \_\_\_\_\_

Residency dates: Beginning date \_\_\_\_\_ Completion date \_\_\_\_\_

	Yes	No	Comments?
Did you work 4 hours per day or less in workshops with participants?	<input type="checkbox"/>	<input type="checkbox"/>	
Did teachers stay in the classroom while you worked with students?	<input type="checkbox"/>	<input type="checkbox"/>	
Did teachers participate in workshop activities with their students?	<input type="checkbox"/>	<input type="checkbox"/>	
Did you receive your check the final day of the residency?	<input type="checkbox"/>	<input type="checkbox"/>	
What was the total amount paid to you? _____			

### Section 2: STATISTICS

*PLEASE NOTE: "total number" means any student/participant, teacher, parent/guardian/other who was involved in hands-on work with the artist AND those who only observed the finished project or were involved indirectly with the work of the artist.*

Students \_\_\_\_\_ Teachers \_\_\_\_\_ Professional artists \_\_\_\_\_ Parents/community members \_\_\_\_\_

Total number involved in the project (including audience): \_\_\_\_\_

### Section 3: EVALUATION

Please rate this residency in the areas below using the following scale:

Poor 

1	2	3	4	5
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 Outstanding

Teacher preparation for residency	1	2	3	4	5
Student preparation for residency	1	2	3	4	5
Quality of experience for students	1	2	3	4	5
Quality of experience for teachers	1	2	3	4	5
Quality of experience for artist/company	1	2	3	4	5
Flexibility of sponsor in planning/scheduling	1	2	3	4	5
Effectiveness of local coordinator	1	2	3	4	5
Involvement of administrators	1	2	3	4	5
Quality of community event(s)	1	2	3	4	5
Publicity/visibility of residency	1	2	3	4	5

Comments:

(Continued)

**1. How would you rate your overall satisfaction with this residency?**

Poor 

1	2	3	4	5
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 Outstanding

Strengths:

Weaknesses:

**2. How would you rate the collaboration between you and the teacher(s) or program coordinator in planning and implementing the residency?**

Poor 

1	2	3	4	5
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 Outstanding

Comments:

**3. Please describe how you and the teacher/sponsor set learning objectives for the residency and assessed how the students met those learning objectives.**

**4. Did the sponsor follow the schedule in the grant application?**  yes  no

**If not, what changes were made?**

**5. Please share any stories or quotes** from those involved in this project (i.e., artist, students, teachers, parents, others) that articulate the benefit of arts education at the personal or community level. We will use this feedback to better explain the value of state and federal support for the AIS/C residency program. Feel free to use additional sheets.

\_\_\_\_\_  
Name of person completing this form

\_\_\_\_\_  
Date completed

**Thank you for filling out this evaluation.**