



Erie Arts & Culture
 23 West 10th Street, Suite 2
 Erie PA 16501

Res. ID # _____

Administrator Evaluation

Erie Arts & Culture

Please Note: This form is required of all sites receiving Erie Arts & Culture funding.

To be completed by the Host Site's Administrator at the conclusion of the residency.

Failure to submit this evaluation to Erie Arts & Culture may compromise future funding for the host site.

Name of artist: _____ **Art form:** _____

School or site: _____ **Name of administrator:** _____

A. Artist's professionalism

Please check the appropriate response.

	YES	NO	N/A
1. Artist followed school &/or district policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Artist practiced punctuality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Artist was well prepared for each session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Artist served as an effective role model.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Artist was available to students at times outside of allotted core group time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Artist was involved with the faculty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Artist demonstrated professionalism in appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Observations & Comments

Please respond to the following questions.

1. Did you have any input into the residency plan? If so, explain.

2. What, if any, residency activities were you able to visit?

3. Were the activities that you observed consistent with the original residency plan?

4. Were you aware of any conflicts which arose during the residency? If so, please elaborate.



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5. Do you feel the artist, as a professional, affected the students in a way that caused them to view the particular artistic discipline differently? Please elaborate.

6. Thinking of this particular residency, please share any suggestions for improvement?

7. Are you willing to sponsor more artist residencies at your school?

C. Overall rating

Generally speaking, on a scale of 1-10 (1 lowest, 10 highest), how would you rate the overall value of:

1. Your experience *with this particular residency*.

2. Your personal opinion, on the *overall value of having an artist in residence* in an educational setting?

Administrator's electronic signature/Title/ Date

By typing your name above, you are verifying that you are the person completing the evaluation.