



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

Teacher's Evaluation

This FORM IS REQUIRED OF ALL SITES RECEIVING ERIE ARTS & CULTURE FUNDING

To be completed by the Host Site's Coordinator 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 Site Coordinator(s): _____

A. Residency's community scope:

Over the course of this residency, please indicate the approximate numbers:

- # of *core group students* involved: _____ # minority: _____
- # of *other students* involved: _____ # minority: _____
- # of *teachers and administrators* involved: _____ # minority: _____
- # of *parents* involved: _____ # minority: _____
- # of *others*, such as volunteers and/or attendees to culminating event involved: _____
- Please specify the role(s) of *others* involved: _____

B. Artist's professionalism:

Please check the appropriate response.

	YES	NO	N/A
1. Artist followed school and 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 demonstrated professionalism in appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Artist was available to students at times outside of allotted core group time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The artist was involved with the faculty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Artist's teaching ability

Please rate accordingly: 1=disappointing, 2=acceptable, 3=favorable, 4=exceptional

	1	2	3	4
1. Development & presentation of subject matter was consistent with the planned residency goals and objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1	2	3	4
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- 2. Artist demonstrated mastery of subject.
- 3. Artist encouraged, and was receptive to the students' questions and comments.
- 4. Artist responded constructively to students' ideas and experiences.
- 5. Artist provided immediate feedback to students.
- 6. Artist stimulated students to perform at optimum level and toward independent functioning.
- 7. Artist made the subject matter more meaningful through the use of examples and application.
- 8. Artist demonstrated effective rapport with students.
- 9. Artist presented material in an organized manner.
- 10. Artist gave clear explanations.
- 11. Artist encouraged students to creatively express themselves.
- 12. Artist demonstrated concern about the students' progress.

D. Overall effectiveness of this residency

Please rate accordingly: 1=disappointing, 2=acceptable, 3=favorable, 4=exceptional

1	2	3	4
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- 1. Residency goals and objectives were achieved.
- 2. The residency was a beneficial experience for the core group(s).
- 3. The residency was a beneficial experience for the non-core group students involved.
- 4. The residency provided professional development and/or ideas for teachers.
- 5. Parent and/or community involvement was enhanced through the residency.
- 6. The residency was a useful method to develop integrated learning across the curriculum.

E. Observations & Comments

1. As an educator, what was most successful about this residency? _____

2. Did you encounter any problems or conflicts during the residency? _____

a. If yes, please explain. _____

Were you able to resolve? _____

b. Please share any suggestions for improvement. _____

3. What *specific benefits* did this residency provide for your students and/or the school community? _____

4. Would you recommend this artist for other residencies? _____ Because, _____



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5. If applicable, please share any comments about this residency, positive or otherwise, which were expressed by others such as; parents, teachers, community members etc. _____

6. Please share any of your own additional comments, concerns and/or suggestions. _____

G. 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*. _____

Coordinator's Signature/ Title/ Date