



Arts in Education Partnership
 23 West 10th Street, Suite 2
 Erie PA 16501
 814-452-3427

Res. ID # _____

Artist Final Report

Erie Arts & Culture

This Document must be completed by the artist and returned at the conclusion of the residency with the Final Invoice for payment.

Artist/company name: _____ Art form: _____

Host site name: _____ Residency Dates: ___/___/___ to ___/___/___

Name of the teacher(s) involved: _____

Total # of residency days _____ Planning days _____ Grade(s)/ Age level: _____

Total # of core group(s): _____ Apx # of individuals in each core group _____

Total # of students involved (other than core groups): _____

Total # of additional individuals involved: _____ (If applicable)

For example: those who attended culminating event or presentation; including students, teachers, parents, community, etc.

Please circle the number which best represents your experience: 1 = *disappointing, 2 = acceptable, 3 = favorable, 4 = *exceptional

1. Overall residency rating	1	2	3	4	N/A
2. Residency planning process	1	2	3	4	N/A
3. Organization of schedule & events	1	2	3	4	N/A
4. The length of the residency	1	2	3	4	N/A
5. Teacher/Administrator participation	1	2	3	4	N/A
6. Students were directly involved in the creative process	1	2	3	4	N/A
7. The organization & composition of the core group(s)	1	2	3	4	N/A
8. Age-appropriateness	1	2	3	4	N/A
9. Support of academic standards	1	2	3	4	N/A
10. Site environment conducive to arts education	1	2	3	4	N/A
11. Availability of resources (classroom/artist materials)	1	2	3	4	N/A
12. Residency goals were met	1	2	3	4	N/A

*Briefly elaborate on your experience during this residency that you would like to share:
