

Arts-in-Education Program
Artist's Post Residency Evaluation Form

To be completed by artist(s) immediately following the residency,
and **REQUIRED** in order to ensure proper payment.

HOST SITE NAME: _____
TEACHER(S): _____
SITE TYPE: ___HIGH SCHOOL___JR HIGH SCHOOL___MIDDLE___ELEM___OTHER

Please respond to the following:

1. How did the residency planning form assist you?
2. If culturally specific, what art forms were presented?
3. Were teacher, parents and/or the community involved? How?
4. What were the most useful things you learned?
5. What focus will future residencies include?
6. If you were to repeat this residency, what would you do differently?

Please provide the following numerical information:

Total number of students benefiting ____ Number of Minority ____ Number of Disabled ____
Total number of core students benefiting ____ Number of Minority ____ Number of Disabled ____
Total number of teachers benefiting ____ Number of Minority ____ Number of Disabled ____

Total hours spent in: _____ Residency Preparation _____ Core Student Teaching _____ At Host School

When returning the form to ArtsPath, please include any publicity, examples of student work, slides, and/or photos of this residency.

Artist Name Phone number Date

**Please return this form to: Jeff Wacker, Associate Director, Lively Arts |ArtsPath
Indiana University of Pennsylvania ! 202 Performing Arts Center ! 403 S. 11th St. ! Indiana, PA 15705-1008
Phone 724-357-2787 (ARTS) " Fax 724-357-7899**