



**ART  
CENTER  
EAST**

**ART CENTER EAST ARTISTS IN RURAL SCHOOLS  
PROGRAM EVALUATION  
For Site Coordinators**

Complete, thoughtful responses are appreciated so we can use the information to continue to provide quality arts learning programs. All information collected in this evaluation is confidential and will only be used for Art Center East's grant reporting purposes. If you have additional comments, please feel free to get in touch with Art Center East: 541-962-3629 / [mika@artcentereast.org](mailto:mika@artcentereast.org)

**THANK YOU!**

<b>TEACHING ARTIST:</b>	<b>SITE:</b>	<b>DATES:</b>
<b>Site Coordinator Name:</b>	<b>Phone:</b>	<b>Email:</b>

**A. Residency NUMBERS - Teachers & Students who actively participated in residency**

**Number of Teachers/Volunteers involved:**

Administrators:	Teachers:	Aides:	Other:
Volunteers:	Parents:		

**Percentage:**

Minority:	%	Special Needs:	%	Reduced Hot Lunches #'s:
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Total Site Population: \_\_\_\_\_

Number of student group(s) who met with Artist each day: \_\_\_\_\_ Grade Level(s): \_\_\_\_\_

Length of each session: \_\_\_\_\_ Number of daily sessions: \_\_\_\_\_

Number of students per session: \_\_\_\_\_

Number of Students who **produced** or **performed** art: \_\_\_\_\_

Number of Students who **observed** art: \_\_\_\_\_ (demos, slides, performance, lectures, etc.)

Grade Level(s): \_\_\_\_\_

Would you like more information about other types of residencies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please check your area(s) of interest:

Performance     Music     Visual Arts     Literary     Other

**B. Residency PLANNING**

**Low to High**

1. Quality of pre-residency planning/communication between Artist and Site? 1 2 3 4 5  
*Comments:*

2. How far in advance was your planning session? Was it adequate time? Yes No  
*Comments:*

3. Were residency activities documented (photos, tapes, interview, publicity, other)? Yes No

**Please send copies of documentation (photos, press releases, newspaper clippings, etc.)**

**C. Residency FINANCIAL CONTRIBUTIONS**

- 1. How much did your school contribute towards the residency?
- 2. Did you receive other financial contributions? How much? From whom? (PTA/O, etc.)
- 3. Please include the name of the chairperson and their contract information:  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_
- 4. Donations – Please list any significant donations (materials, in-kind services, etc.)

*OTHER COMMENTS:*



\_\_\_\_\_  
(Signature) Date

*Thank you so much for your time and dedication to arts education!*