Haywood County Arts Council

Curriculum, Music & Community
Teachers Evaluation of Artist(s)

Thank you for participating in this very valuable teaching program. In an effort to continually improve this program we want to know what you think. Please fill in the questions below and either fax it or mail it to our office at, 37 Church Street, Waynesville, NC 28786 and our fax number is 452-9494. Feel free to keep your comments anonymous if you are more comfortable or will give us more candid insights. Again thank you for your support.

Name of Artist(s): ________________________________ Date of Artist(s) visit: _____________________

General Information
• Did the Artist arrive on time?  ☐ Yes,  ☐ No
• Did they plan their arrival with setting up and being ready to go to work in mind? ☐ Yes,  ☐ No
• Did you ask them to bring any materials to the presentation? ☐ Yes,  ☐ No  If so, did they remember to bring those materials?  ☐ Yes,  ☐ No
• Was the Artist courteous to the teachers, staff and children?  ☐ Yes,  ☐ No

Program Presentation
• Did the Artist(s) give the children an opportunity to ask questions?  ☐ Yes,  ☐ No
• How did the children respond to the Artist(s) ☐ did not listen,  ☐ bored but listening,  ☐ neutral,  ☐ intrigued, ☐ excited & enthusiastic  Comments: _______________________________________________________
• Was there an opportunity (if applicable) for the students to participate? ☐ Yes,  ☐ No,  ☐ NA
• Did the Artist(s) communicate with the students well?  ☐ Yes,  ☐ No,  If No, how could that have been improved?  Comments: _______________________________________________________
• Was the Artist(s) in need of an interviewer or facilitator to make their program more valuable? ☐ Yes,  ☐ No

Program Content
• Could the information the Artist(s) presented be used in your curriculum?  ☐ Yes,  ☐ No,  If No, how could that have been improved? _______________________________________________________
• Did the Artist(s) present/discuss the subjects you expected?  ☐ Yes,  ☐ No
• Will you be able to expand on this Artist(s) information or experiences?  ☐ Yes,  ☐ No
• Would you use this Artist(s) again? ☐ Yes,  ☐ No  Why? _______________________________________________________
• What was the best part about this Artist(s) visit? _______________________________________________________
• What did you not like about this program? _______________________________________________________
• Were there any special or memorable moments for you or the students during this Artist(s) visit ☐ Yes,  ☐ No,  If Yes, please describe _______________________________________________________
• What do you think was the best or most valuable part of this program? _______________________________________________________
• Memorable quote of this program … (could be student, teacher or artists) … _______________________________________________________
• Any other concerns, comments, suggestions, feedback … _______________________________________________________

Thank you, THAnk you, THANK you, THANK YOU for your involvement.