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ARTsTEach

EVALUATION FORM

Teachers Please Note: Your help in filling out all items on this form will be greatly appreciated. This form is used to make sure workshops have been completed, to compensate the artist, and to make statistical charts when applying for grants.

ALL ITEMS IN SHADED AREA MUST BE FILLED OUT.

ARTIST NAME: _____

DATE OF WORKSHOP: _____ TIME START: _____ TIME END: _____

NAME OF WORKSHOP GIVEN: _____

SCHOOL: _____ TEACHER: _____

CLASSROOM CHARACTERISTICS:

GRADE: _____ NUMBER OF STUDENTS: _____ SUBJECT: _____

AVERAGE AGE: _____ # OF MALES: _____ # OF FEMALES: _____

ETHNIC BREAKDOWN: (Please enter the number breakdown of your classroom ethnic make-up – THIS IS VERY IMPORTANT INFORMATION FOR US WHEN APPLYING FOR GRANTS.)

WHITE (Non-Hispanic)	# _____	HISPANIC/LATINO	# _____
AFRICAN AMERICAN	# _____	AMERICAN INDIAN	# _____
ASIAN	# _____	OTHER (Specify)	# _____

NOTE TO TEACHERS: Your constructive criticism will be shared with the artist. Please help us to evaluate the program by completing the following.

	Excellent	Good	Fair	Poor
PREPARATION & ORGANIZATION	_____	_____	_____	_____
ENGAGED STUDENT INTEREST	_____	_____	_____	_____
AGE APPROPRIATE	_____	_____	_____	_____
COMMUNICATION W/TEACHER	_____	_____	_____	_____

DOES THIS WORKSHOP TIE IN WITH THE CURRICULUM BEING TAUGHT? YES _____

NO _____ COMMENTS OR SUGGESTIONS: _____

TEACHER SIGNATURE: _____ DATE: _____

↓ FOR ARTS SAN ANTONIO OFFICE USE ONLY

DATE RECEIVED: