



ARTS IN EDUCATION 2009-2010 SCHOOL REPORT

SCHOOL MUST RETURN TO ADDRESS BELOW OR FAX IMMEDIATELY FOLLOWING ARTIST VISIT

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Artist/Group Name:	Program Name (if different):
School District:	Program Date:
School Building:	School Contact:
Type of Program: Performance Workshop Residency Consulting Service	Number of Students: Grade Level(s):
Evaluation Completed by: Administrator Teacher Student Parent Other _____	

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
Please check the appropriate box and comment on the following items:				
<i>EDUCATIONAL QUALITY OF THE PROGRAM</i>				
The program was grade level appropriate.				
The teacher(s) and artist did preplanning.				
The students were engaged, interested, and attentive.				
You would recommend this program.				
<i>ARTISTIC QUALITY</i>				
The artist demonstrated skill in the art form.				
The artist interacted well with students.				
The artist encouraged the students to participate.				
Effective materials were provided prior to or following the experience.				
<i>WORKSHOPS AND RESIDENCIES ONLY</i>				
The artist provided for hands-on experience.				
The artist effectively communicated with teachers and staff.				

The most significant aspect (good or bad) of this program was: