

SCHOOL RESIDENCY REPORT

Date _____

Please use the form below to evaluate the residency activity provided by the above named Arts Organization and return it to that organization within 30 days of the completion of the residency.

School Name		Address	City
School Contact Person		Phone	
Artist(s) names		Discipline	Grade level(s)
School Year	Residency: Start Date	End Date	Total days* at school

I. STATISTICAL INFORMATION

- A. Total number of students (CHILDREN/YOUTH) in sessions with artists. _____
- B. Total number of students of color** in sessions with artists _____
- C. Total number of teachers/administrators benefiting from residency _____
- D. Total number of general public (ADULT PARTICIPANTS) benefiting from residency (excluding above). _____
- E. GRAND TOTAL of individuals benefiting from residency (A+C+D) _____
- F. Number of adult ARTISTS directly involved in residency (include art specialists on staff) _____

*For the purpose of this reporting form, a residency "day" equals four contact hours with the artist(s)

**For the purpose of this reporting form, "students of color: refers to African American, Asian American, Native American, or Latino students.

II. RESIDENCY INFORMATION

Check off any of the following that were a part of the artist contact time during this residency:

- ____ Teacher in-service (# of hours _____)
- ____ Planning Days (# of hours _____)
- ____ Core Group (grade level(s) _____)
- ____ Exposure Group (grade level(s) _____)
- ____ Community Activity (describe) _____

Please use this numerical rating system for each EVALUATION item.

1=poor 2=needs some improvement 3=acceptable/average 4=very good 5=outstanding NA=does not apply

III. RESIDENCY EVALUATION

General Comments

____ Professional development for classroom teachers	_____
____ Teacher-artist contact time	_____
____ Community involvement in residency	_____
____ Student assessment and improvement in learning art form	_____
____ Residency activities and goals met expectations	_____

OVERALL RESIDENCY EVALUATION

IV. ARTIST(S) EVALUATION

- ____ Ability to communicate and collaborate with teachers, parents, and/or staff _____
- ____ Ability to articulate art form and project goals with students _____
- ____ Artistic quality of the residency _____
- ____ Artist/teacher contact time (quality, quantity, etc.) _____
- ____ Artist/student contact time (quality, quantity, etc.) _____

OVERALL ARTIST EVALUATION

V. ARTS ORGANIZATION EVALUATION

- ____ Resources provided by the Organization for the residency _____
- ____ Communication before, during, and after the residency with school _____
- ____ Goals for residency were met _____
- ____ Professional development for Artists and teachers during the residency _____
- ____ Accessibility to and assistance from the program manager _____

OVERALL ORGANIZATION EVALUATION

Please provide an interesting anecdote or describe your most important achievement associated with this residency.

*Complete and return this evaluation to receive a complimentary copy of *Creating the Link*, a guide to valuable field research for implementing the new models.