**COMPAS Artist Evaluation | 2019-20**

This evaluation is for COMPAS Teaching Artists to complete after bookings.

The purpose of this evaluation is to:

* Obtain required data for funders
* Gather program process and feedback – what happened, how did it go?
* Encourage self-reflection as a means of personal evaluation and assessment
* Help us gather info to build toward a COMPAS Art Program Framework

Thanks so much for being an integral part of COMPAS!

**1. Basic information about booking. (for numbers, respond to the best of your ability)**

* Your name:
* Name of School/Site, City:
* Program title/description:
* Day of booking/last day of booking:
* Total number of youth participants:
* Total number of adult participants:
* Guesstimate of people who will see, hear or experience the artwork/writing/

performance beyond your work at the site:

**2. Please identify what type of booking this was. Mark the type of activity and the program**

Residency

Performance

Workshop or Workshop series

Combined Residency/Performance or Workshop

Professional Development

Other (specify below)

Anything else? i.e. Grant project, STEM, etc.

**3. What COMPAS program was this activity through?**

Creative Classroom (all school activities)

Creative Community (libraries, parks, recreation centers, civic, youth programs, etc.)

Artful Aging™ (older adult living centers, memory care, older adult day programs, etc.)

Arts in Healthcare (hospitals, healthcare organizations, etc.)

Other (please specify)

**4. Please provide a narrative of your experience with this booking. What did you do? If you provided training for staff/teachers, what did you do and how did it go?**

**5. To the best of your ability, (using percentages), please identify the race/ethnicity of your school or program participants. \*Your total should be 100. No decimals. No percentage signs. This is information our funders always request.**

* African American:
* Asian American:
* Caucasian:
* Latino/Chicano/Mexican:
* Native American:
* Other ( i.e. immigrants, not specified above):

**6. What if any modifications did you make in your program to meet community needs or goals?**

**7. Please rate the following based on COMPAS administration.**

|  | Excellent | Good | Needs improvement | N/A |
| --- | --- | --- | --- | --- |
| Communication with staff about the booking and its expectations. |  |  |  |  |
| Communication with the site about the booking and its expectations. |  |  |  |  |
| Timeliness and clarity of the schedule. |  |  |  |  |
| Billing and payment process. |  |  |  |  |

Please comment here.

**8. Self-assessment. Please rate yourself on the following. I...**

|  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| --- | --- | --- | --- | --- | --- |
| Was on time. |  |  |  |  |  |
| Made sure my lessons aligned with the site's expectations. |  |  |  |  |  |
| Was organized, consistent and had a clear agenda. |  |  |  |  |  |
| Paced the program/class/residency well. |  |  |  |  |  |
| Checked in with the teacher/leader to make sure everyone was on the same page. |  |  |  |  |  |

Overall, how did it go?

**9. Ideally, you used or considered best practices with your approach. These allow participants to Experience, Understand, Create and Connect with the art form. During your time with the participants, they were able to....**

|  | | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| --- | --- | --- | --- | --- | --- | --- |
| Experienced the artform themselves |  | |  |  |  |  |
| Demonstrated an understanding of the art through art making or another activity |  | |  |  |  |  |
| Created/produced art with the artist |  | |  |  |  |  |
| Developed context to connect the art to their own lives, experiences and/or academics |  | |  |  |  |  |
| Connect the art form to their own lives or academics |  | |  |  |  |  |
| Reflect on their work or your performance. |  | |  |  |  |  |

Please share stories from your experience. What worked and what didn't? How did participants respond?

**10. Please select words that describe the building blocks of your program. If none apply, please select other add some on the text box below.**

|  |  |
| --- | --- |
| Create |  |
| Respond |  |
| Perform/Present |  |
| Practice |  |
| Experiment |  |
| Develop |  |
| Invent |  |
| Inquire/Question |  |
| Progress |  |
| Edit/Revise |  |
| Connect |  |
| Reflect |  |
| Demonstrate |  |

Other (please specify):

**11. What difference did this program make? Did you note changes in behavior/attitude/knowledge from participants?**

If you are having trouble submitting the evaluation,  
please save it as a PDF and send it via e-mail to Julie at julie@compas.org.  
  
Thank you!Bottom of Form