



ARTIST EVALUATION FORM 2016 – 2017

TO BE COMPLETED BY THE VISITING ARTIST

Artist/Group Name _____ BOCES Contract # _____

Title of Program _____

Date (s) of Program _____

District _____ School _____

- Were you able to begin your presentation on time? Yes No N/A
- Was the school ready for set up? Yes No N/A
- Did the school provide you with all the information to adequately prepare your presentation? Yes No N/A
- Was it apparent that teachers used your study guide/support materials with children? Yes No N/A
- Did teachers remain with their classes and assist in maintaining students' appropriate conduct during your presentation? Yes No N/A
- Were students attentive during your presentation? Yes No N/A

Discuss your experience as an artist in this school.

Discuss any suggestions for Improvement

Other Comments

RETURN TO: Stacy Chryssikos, Arts in Education Coordinator
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914/248-2349 FAX # 914/248-3838 -or- 914/248-2390

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