



SCHOOL EVALUATION FORM 2017 – 2018

RETURN IMMEDIATELY FOLLOWING ARTIST VISIT

Artist/Group Name _____ BOCES Contract # _____

Title of Program _____

Date (s) of Program _____

District _____ School _____

Grade (s) _____ # of Teachers _____ # of Students _____

Evaluation Completed By (check one) Administrator Teacher Parent Other _____

Art Form Music Dance Theatre Literacy Arts Media Arts Visual Arts

Type of Program Performance Workshop Residency

Would you recommend this program? (check one) Yes No

Please explain

Suggestions to Artist for Improvement

Other Comments

RETURN TO:

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