



# SCHOOL EVALUATION FORM 2016 – 2017

**RETURN IMMEDIATELY FOLLOWING ARTIST VISIT**

Artist/Group Name \_\_\_\_\_ BOCES Contract # C- \_\_\_\_\_

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:** Stacy Chryssikos, Arts in Education Coordinator  
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