



# OKANOGAN REGION ARTS EDUCATION PARTNERSHIP

## TEACHER EVALUATION FORM

Date \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_

School:

Teacher Name(s):

Grade(s):

Artist Name(s): Residency Title:

*Please take time to complete this survey. Your input is crucial to the program's success!*

**What were your goals for this residency?**

**How were those goals met? If they were not, why?**

**Was the lesson age appropriate?**

**If not, please explain:**

**What aspects of the residency worked well? What could use some tweaking?**

**What was the most valuable concept that your students learned in the residency?**

**How were the roles and responsibilities of the residency divided between you and the teaching artist?**

**Did this work for you?**

**If not, please explain:**

**How can teaching artists best support you in facilitating art in your classroom?**

**How can Methow Arts and the artist in residence program better help you integrate the arts into your curriculum?**