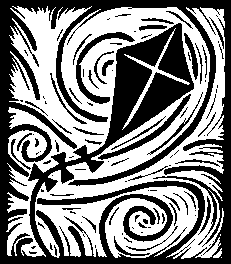
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**OKANOGAN REGION ARTS EDUCATION PARTNERSHIP**

TEACHER EVALUATION FORM

**Date:** Click here to enter a date. **School**: Choose an item.

**Teacher Name**: Click here to enter text. **Grade(s)**: Click here to enter text.

**Artist Name(s)**: Click here to enter text.

**Residency Title**: Click here to enter text.

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

**What were your goals for this residency (this arts education experience with a teaching artist)?**

Click here to enter text.

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

Click here to enter text.

**Was the lesson age appropriate?** Choose an item.

**If not, please explain:** Click here to enter text.

**Was the experience engaging and high quality?** Choose an item.

**If not, please explain:** Click here to enter text.

**What changes and/or improvements would you suggest?**

Click here to enter text.

**What, if any, feedback would you like Methow Arts to provide to the teaching artist? Consider organizational skills, teaching ability, rapport, and classroom management.**

Click here to enter text.

**What was the most valuable concept that your students learned in the residency?**   
   
 Click here to enter text.

**Do you believe that this residency has had a measurable, positive impact on your students?** Choose an item.

**If not, please explain:** Click here to enter text.

**How can Methow Arts better serve your arts education goals?**

Click here to enter text.