

OKANOGAN REGION ARTS EDUCATION PARTNERSHIP
TEACHER EVALUATION FORM



Date:

School:

Teacher Name:

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 (this arts education experience with a teaching artist)?

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

Was the lesson age appropriate?

If not, please explain:

Was the experience engaging and high quality?

If not, please explain:

What changes and/or improvements would you suggest?

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

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

Do you believe that this residency has had a measurable, positive impact on your students?

If not, please explain:

How can Methow Arts better serve your arts education goals?