

VANCOUVER SCHOOL BOARD
STAFF DEVELOPMENT/PROGRAM SERVICES
ARTIST-IN-RESIDENCE EVALUATION FORM

School:

Name of Evaluator::

Name of Artist:

Month of residency: 2008

Approx. No. of students:

Grade Level:

Please check and / or write comment

Excellent

Good

Satisfactory

Fair

Poor

Suitability of residency for grade level involved

Artistic quality of residency project

Attainment of learning objectives

Artist's rapport with students

Artist's rapport with teacher

Artist's organizational skills

Educational support materials (if applicable)

Overall evaluation

General comments:

Should we keep this artist in the Artist in Residence Program for next year? Y ___ N ___

Please complete this form immediately following completion of the residency and return to:

Valerie Dare
Coordinator, Artist in Residence Program
District Learning Services, VSB

Fax 604 713-5076