



**Arts in Education Program
VISITING PERFORMERS
FINAL REPORT**
Evaluation by the School/Site

Visiting Performer-Name	
School/Site-Name	School/Site-County
State Legislative District NUMBER*	Federal Congressional District NUMBER*

*DO NOT LEAVE BLANK. Information may be found at www.mdelect.net. Use school's address.

Identify your school's predominant racial characteristic. Gathered for National Endowment for the Arts.	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian/Pacific Islander
	<input type="checkbox"/> Black, not Hispanic	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> White, not Hispanic	<input type="checkbox"/> Multi-Racial/None at least 51%

PERFORMANCE ONE	PERFORMANCE TWO	PERFORMANCE THREE
Title:	Title:	Title:
Date:	Date:	Date:
Time:	Time:	Time:
No. Students Attending:	No. Students Attending:	No. Students Attending:
Grade Levels Attending:	Grade Levels Attending:	Grade Levels Attending:
No. Staff Attending:	No. Staff Attending:	No. Staff Attending:

Performance Ratings	Excellent	Very Good	Good	Adequate	Inadequate
Scheduling cooperation	5	4	3	2	1
Artistic quality	5	4	3	2	1
Educational value	5	4	3	2	1
Student response	5	4	3	2	1
Suitability for grade levels attending	5	4	3	2	1
Overall Rating	5	4	3	2	1

Did the performer provide advance materials? Yes No
 Was there a follow-up activity? Yes No
 If yes, was it satisfactory? Yes No
 Did you attend any of the performances listed above? Yes No
 If not, list name and title of person who did. _____
 How did you learn about this performer/production? _____
 Would you book this performer/production again? Yes No
 If not, why not? _____

Signature _____ Date _____

Printed Name and Title _____

INSTRUCTIONS: Fill out the final report in its entirety and submit one copy with an original signature to the address below immediately upon completion of the performance.
 AiE Program Director, Maryland State Arts Council, 175 W. Ostend Street, Suite E, Baltimore, MD 21230

