



**Arts in Education Program  
VISITING PERFORMERS  
FINAL REPORT**  
Evaluation by the Artist

Visiting Performer-Name
School/Site-Name
School/Site-County

PERFORMANCE ONE	PERFORMANCE TWO	PERFORMANCE THREE
Title:	Title:	Title:
Date:	Date:	Date:
Time:	Time:	Time:
Space Description:	Space Description:	Space Description:
Designed for Grades:	Designed for Grades:	Designed for Grades:
Grades Attending:	Grades Attending:	Grades Attending:
Total Audience No.:	Total Audience No.:	Total Audience No.:

Performance Ratings	Excellent	Very Good	Good	Adequate	Inadequate
Scheduling cooperation	5	4	3	2	1
Suitability of performance space	5	4	3	2	1
Student preparation	5	4	3	2	1
Student response	5	4	3	2	1
Freedom from interruptions	5	4	3	2	1
Audiovisual	5	4	3	2	1
<b>Overall Rating</b>	5	4	3	2	1

Did you provide advance materials?     Yes             No  
 Were the advance materials utilized?    Yes             No             Not Sure  
 Were you paid promptly?                 Yes             No

Number of Miles Round Trip \_\_\_\_\_  
 Amount paid by school    \$ \_\_\_\_\_  
 Amount paid by other sources    \$ \_\_\_\_\_  
 Amount of MSAC/AiE funds    \$ \_\_\_\_\_

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

