



**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
Overall Rating	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

