



**RESIDENCY FINAL REPORT**  
Evaluation by the School Site Coordinator

Residency Artist-Name \_\_\_\_\_

**Performing Arts      Visual Arts      Playwriting      Poetry**  
**(circle one)**

School/Site-Name \_\_\_\_\_

**THE FOLLOWING RATINGS ARE REQUIRED**

<b>Residency Components</b>	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Adequate</b>	<b>Inadequate</b>	<b>Not Applicable</b>
Orientation meeting	5	4	3	2	1	
Performance/lecture/demonstration	5	4	3	2	1	N/A
Professional development workshops	5	4	3	2	1	N/A
Relevance to the curriculum	5	4	3	2	1	N/A
Teacher response	5	4	3	2	1	N/A
Student response	5	4	3	2	1	N/A
Resulting work	5	4	3	2	1	N/A
Evaluation meeting	5	4	3	2	1	
<b>Overall Rating</b>	5	4	3	2	1	

1. Describe the follow-up activity that occurred at the end of the residency. If there was no follow-up activity, why not?
  
2. Describe the residency's impact on students, teachers, and the community.
  
3. Describe the impact the residency artist had on students, teachers, and the community. Would you use this artist for future residencies? If not, why not?
  
4. Additional comments.

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 residency.**  
**AiE Program Director, Maryland State Arts Council, 175 W. Ostend Street, Suite E, Baltimore, MD 21230**

