



## **RESIDENCY EVALUATION MEETING FORM**

The site coordinator, residency artist(s), and other school personnel that participated in the residency should work together to jointly complete this form.

**PLEASE DO NOT CREATE YOUR OWN FORM FOR TEACHERS. YOU MUST USE THIS ONE AND BOTH PAGES MUST BE FILLED OUT COMPLETELY.**

**THIS FORM IS THE ARTIST'S RESPONSIBILITY. PLEASE DO NOT LEAVE THIS FORM FOR THE SCHOOL TO FINISH AND MAIL.**

Evaluation Meeting Place: \_\_\_\_\_

Artist-Name: \_\_\_\_\_

Site Coordinator- Name: \_\_\_\_\_

School Name: \_\_\_\_\_

**CIRCLE ONE:**    **performing arts**                      **visual arts**                      **poetry**                      **playwriting**

1. What were the overall goals of the residency, as described in question 3 on the application form?
2. Describe how these goals were achieved. If they were not achieved, why not?
3. Provide examples that demonstrate how educators have used or are using knowledge gained during the residency to enhance arts instruction.
4. Describe how the art form was integrated with the general curriculum. If it was not integrated, why not?

5. Describe any publicity that the residency received from outside media sources. If possible, attach one copy of each newspaper article.
  
6. Provide any other anecdotal stories that demonstrate the residency's impact on students, teachers, the school community, and the surrounding community.

Please provide the following information for the core groups that participated in this residency. If necessary, you may attach an additional sheet of paper.

**WE MUST HAVE THE NUMBERS BELOW FOR REPORTING PURPOSES. THE NUMBER OF SESSIONS SHOULD MATCH THE ORIENTATION CHECKLIST AND THE EGRANT APPLICATION. THE NUMBER OF STUDENTS MAY HAVE VARIED.**

	NUMBER OF STUDENTS	NUMBER OF SESSIONS
Core Group 1		
Core Group 2		
Core Group 3		
Core Group 4		
Core Group 5		
Core Group 6		
Core Group 7		
Core Group 8		
Core Group 9		
Core Group 10		
<b>TOTAL</b>		

The core groups were pulled from the following grade level(s): \_\_\_\_\_

Number of **staff that benefited *directly*** from the residency: \_\_\_\_\_

Number of **staff that benefited *indirectly*** from the residency: \_\_\_\_\_

Number of **students that benefited *indirectly*** from the residency: \_\_\_\_\_

**SIGNATURES ARE REQUIRED – SEE NEXT PAGE.**

Each person attending the evaluation meeting should sign their name and print their title below.

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

**One copy of the completed evaluation meeting form must be submitted to:  
AiE Program Director, MSAC, 175 W. Ostend Street, Suite E, Baltimore, MD 21230.**