



5. Describe any publicity that the residency received from outside media sources. If possible, attach one copy of each newspaper article, web announcement, PTA newsletter, etc.
  
6. Provide any other anecdotal stories that demonstrate the residency's impact on students, teachers, the school community, and the surrounding community.
  
7. Describe the follow-up activity that occurred at the end of the residency. If there was no follow-up activity, why not?
  
8. Describe the residency's impact on students, teachers, and the community.
  
9. 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?
  
10. Additional comments.

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 NEA REPORTING PURPOSES. THE NUMBER OF SESSIONS SHOULD MATCH 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**

Type the name and title of each person attending the evaluation meeting.

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

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

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

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

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

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

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

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

**Form completed by:**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name and Title** \_\_\_\_\_

**Contact Email or Phone** \_\_\_\_\_

Email to [jennifer.menkhaus@maryland.gov](mailto:jennifer.menkhaus@maryland.gov). OR KEEP COPY AND MAIL ORIGINAL TO: AiE Program Director,  
Maryland State Arts Council, 175 W. Ostend Street, Suite E, Baltimore, MD 21230