

Teaching Artist Evaluation Form

Please fill out a copy of this form for each teaching artist that worked in your school during your Arts in the Classroom or Whole Schools project over the past school year.

1. School:	2. Grant number
3. Project Director:	
4. Teaching Artist Name:	
5. Is the artist a member of MAC's Roster? Ye	es 🗌 No
6. Has your school hired this artist in previous years	?
7. Please rate the artist in the following areas (check	k one box per item):
a. Communication Prior to Session	Superior ☐ 2 ☐ 3 ☐ 4
The artist displayed professionalism during contact promptly answering phone calls or emails, sending a written contractual agreement. Comments:	
b. Preparation	☐ 2 ☐ 3 ☐ 4 ressary items and was ready to begin work at
c. Artistic Quality & Knowledge	☐ 2 ☐ 3 ☐ 4 v of the material they presented.
d. Communication with Students	☐ 2 ☐ 3 ☐ 4 students.

(over)

e. Communication with Teachers
f. Connecting to Curriculum 1 2 3 4 The artist connected their project to specific elements of curriculum. Comments:
g. Teaching Strategies
h. Time Management & Control of Classroom
8. Was the artist's work in your school beneficial for your students or faculty? Yes No If no, please explain
9. Would you recommend this artist to another school?