Vancouver Board of Education
Artist-in-Residence Evaluation Form 2009/ 2010

School: _____

Name of Evaluator:_____**Email:** _____ **Name of Artist:** _____

Month of Residency:_____ **2010** **Approx. No.of students:**_____ **Grade Level:**_____

Please Check and /or Write Comments	Excellent	Good	Satisfactory	Fair	Poor
Suitability of residency for grade level involved					
Artist's quality of residency project					
Attainment of learning objectives					
Artist's rapport with students					
Artist's visual samples/portfolio					
Artist's organizational skills					
Educational support materials *(if applicable)*					
Pro-D opportunity for teacher					
Overall evaluation					

General comments:

_____

_____

_____

Should we retain this artist for next year? **YES** _____ **NO** _____

Teachers please complete this form (BOTH SDIES) immediately following completion of the residency and return to:

Carolyn Sullivan
Coordinator, Artist in Residence Program
Learning Services, VSB
Fax (604) 713-5076