

VSB-Artist in Residence Evaluation Form 2011/2012

School: _____

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

Month of Residency: _____ 2011 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: Complete this form immediately following completion of the residency, and return to:
 Carolyn Sullivan, Coordinator, Artist in Resident Program
 Learning Services, VSB, Fax: (604) 713-5244 Email: csullivan@vsb.bc.ca