



OKANOGAN REGION ARTS EDUCATION PARTNERSHIP
STUDENT EVALUATION

Teacher Name: _____

Date: _____ \ _____
month\year

Artist Name: _____

Residency Title: _____

Student Grade Level _____

Student Name:

My favorite part was.....

Now I know how to...

The hardest thing for me was.....

Something new to me was...

I learned this about myself

Please return to Methow Arts Alliance: PO Box 723, Twisp WA 98856

Or email to ArtsEducation@MethowArtsAlliance.org

509.997.4004

Thank you!