



A.I.R. Survey for Participating Teachers

Residency Title: _____ School: _____
Teacher Name: _____ Artist Name: _____

Please take the time to complete our survey as your input adds to the success of our program. We appreciate your feedback and welcome your comments.
Your response can be mailed or faxed to us at the address/number above.
Thanks !

Were your goals for the residency met?

- yes
- in part (please explain)
- no (ditto)

Was the lesson age appropriate?

- yes
- no (why not?)

Was the artist well prepared?

- yes
- fairly well (please explain)
- no (ditto)

Would you participate in the AIR program next year?

- yes
- no (why not?)

Would you participate in the same residency again? Why or why not?

What aspects of the residency worked well? What aspects could use a little tweaking?

How was this program of value to you and your students?

Have more to say? Feel free to comment on the back.