



OKANOGAN REGION ARTS EDUCATION PARTNERSHIP
TEACHER EVALUATION FORM

Date: _____ \ _____ \ _____

Residency Title: _____ School: _____

Teacher Name: _____ Artist Name(s): _____

Please take time to complete this survey. Your input is crucial to the program's success!

What were your goals for this residency?

How were those goals met? If they were not, why?

Was the lesson age appropriate?

- yes
- no (why not?)

What aspects of the residency worked well? What could use some tweaking?

What was the most valuable concept that your students learned in the residency?

**How were the roles and responsibilities of the residency divided between you and the teaching artist?
Did this work for you?**

How can teaching artists best support you to facilitate art in your classroom?

Is your school open to integrating the arts into reading, writing and math?

*Please mail your response to: Methow Arts, PO Box 723, Twisp, WA 98856
Or email to ArtsEducation@MethowArtsAlliance.org*