

## Chewelah Arts Guild

PO Box 1437, Chewelah, WA 99109

www.chewelahartsquild.org

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## Arts in Schools Artist Instructor Evaluation

Artist Instructor Name:	School Name:
Classroom Teacher Name:	Grade Level:
Date and Time Lesson took place:	Number of participating students:
Lesson:	

While answering questions below, feel free to elaborate on the back of this page.

## Did the Classroom Teacher/School:

- 1. provide some/all/none of the lesson materials?
- 2. allow the necessary time for the lesson? Yes/No
- 3. communicate well with you? Yes/No
- 4. assist/provide support during the lesson/project? Yes/No

## Did Classroom Students:

- 5. understand the lesson/project readily? Yes/No
- 6. seem engaged and cooperative in lesson/project? Yes/No
- 7. feel free to ask questions or for assistance? Yes/No

Were school office staff and other staff helpful? Yes/No

Please offer any additional comments, suggestions and/or future improvements: