



Chewelah Arts Guild
PO Box 1437
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**To be filled out by the
Classroom Teacher**

Program Coordinators: Gail
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Arts in Schools Classroom Teacher Evaluation

Classroom Teacher Name _____

Artist Name _____

Lesson _____

School Name _____ Grade Level _____

Number of participating students _____ Date(s) Lesson took place _____

Did the Artist Instructor:

1. provide **some all none** of the materials?
2. utilize allowed time well? Yes No
3. communicate well with the students? Yes No
4. Utilize the help/support of classroom teacher and other volunteers? Yes No

Did Classroom Students:

1. understand the lesson/project readily? Yes No
2. seem engaged and cooperative in lesson/project? Yes No
3. feel free to ask questions or for assistance? Yes No

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

THANK YOU!