



An arts education partnership of the Arts Council of Mendocino County & the Mendocino County Office of Education

GASP TEACHER EVALUATION FORM

This form is to be completed by a teacher or other school representative who was present at the class or event.

COMPLETED FORMS MUST BE RETURNED by the 2nd FRIDAY IN JUNE.

to: gasp@artsmendocino.org

or: Arts Council of Mendocino County, 309 East Perkins Street, Ukiah, CA 95482.

If you have any further questions, feel free to email or call 707-463-2727.

ARTIST NAME: _____

PROJECT NAME: _____

TEACHER/EVALUATOR NAME: _____

TEACHER/EVALUATOR EMAIL: _____

SCHOOL: _____

DISTRICT: _____ GRADE LEVEL(S): _____

RATINGS: 1 - Poor 2 - Fair 3 - Good 4 - Very Good 5 - Excellent

- | | | | | | | |
|----|--|---|---|---|---|---|
| 1 | Your overall level of satisfaction with the artist: | 1 | 2 | 3 | 4 | 5 |
| 2 | The artist's level of preparation for the project: | 1 | 2 | 3 | 4 | 5 |
| 3 | Did the GASP activity successfully engage your students? | 1 | 2 | 3 | 4 | 5 |
| 4 | Was the project documented in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, please specify: | | | | | |
| 5 | How was the GASP project connected to the curriculum? | | | | | |
| 6 | Did the GASP project or GASP artist affect your own teaching in any way? | | | | | |
| 7 | Do you have any suggestions or feedback for improving the <i>Get Arts in our Schools Program</i> ? | | | | | |
| 8 | Do you have any suggestions to the artist for improvement? | | | | | |
| 9 | Would you consider hosting a GASP artist to your school in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 10 | Would you recommend the <i>Get Arts in our Schools Program</i> to other teachers? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 11 | Other comments (optional): | | | | | |

***Thank you for taking the time to complete and return this evaluation—
your input is important to the future success of GASP!***