

VSA Minnesota • Arts in Education

Artists-in-Residence • School Year 2013-2014 • Collaborating Staff Evaluation Form

Your name
Name of school or site
Teaching Artist name
Primary artistic discipline of this residency (check ONE area) <input type="checkbox"/> Dance <input type="checkbox"/> Literary <input type="checkbox"/> Media <input type="checkbox"/> Music <input type="checkbox"/> Performing <input type="checkbox"/> Visual Arts
What other academic subjects did this residency address, if any?
Dates of this residency

Participating Students <u>Core Group:</u> This group received the most direct instruction time from the Teaching Artist during this residency.	
Number <u>with</u> an IEP and/or 504 plan	Number <u>without</u> an IEP and/or 504 plan
Number of direct instruction hours	Number of students of color (non-Caucasian)
Grade level or age(s) of this group	
Minnesota Department of Education has 13 categorical disability areas. Please note the number of students in the various categories. Please list all that apply.	
Autism Spectrum Disorders	
Blind-Visually Impaired	
Deaf-Blind	
Deaf and Hard of Hearing	
Developmental Cognitive Disabilities	
Developmental Delay	
Emotional or Behavioral Disorders	
Other Health Disabilities	
Physically Impaired	

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Severely Multiply Impaired	
Specific Learning Disabilities	
Speech or Language Impairments	
Traumatic Brain Injury	
<u>Indirect Participant Group</u> : This group (teachers, parents, students) includes any participants exposed to this residency including <i>audience</i> members and attendees to presentations, performances and exhibitions.	
Total number of people	

Participating Adults	
<u>Core Group</u> : This group (teachers, parents, volunteers) includes any participants who <i>worked directly</i> with the Teaching Artist and participating students during the residency.	
Number of participating adults	Number of direct instruction hours
<u>Exposure Group</u> : This group (teachers, parents, volunteers) includes any participants that had the opportunity to interact with the Teaching Artist during an <i>in-service, training, workshop or professional development</i> .	
Number of participating adults	Number of direct instruction hours

Please list the Learning Outcomes. Learning Outcomes describe what participants will be able to do, know, and understand as a result of your educational program. You may use state standards, IEP goals, or other specific learning objectives.
Please list the Assessment Criteria. Describe how you and the participants will know that the learning outcomes have been achieved.
Please list the Methods and Results. Describe the method(s) used to assess participant work and describe the results achieved.

In your opinion, please rate in which the Learning Outcomes were met during the residency?

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<i>Learning Objectives</i>	Very	Moderately	Somewhat	Not at all
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe students' progress either artistically, socially and/or academically in regard to the identified Learning Outcomes addressed. For example, did students build communication and cooperation skills, reflect and communicate positively on their own work, or did you observe a change in any of the participants.

In your opinion, what was the rate of the success for this residency?

<i>Residency Project</i>	Excellent	Above Average	Average	Below Average
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are some examples of things that went great in this residency?

What are some things that could have been improved upon?

How would you rate this Teaching Artist in comparison to your previous experiences, if any?

<i>Teaching Artist</i>	Excellent	Above Average	Average	Below Average
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesson Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaboration w/ Teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engagement of Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Learning Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inclusive Teaching Strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much collaboration and joint planning was there between you and the Teaching Artist?

- Significant:** extended communication; collaborated on goals, delivery, and assessment methods
- Moderate:** sufficient communication to have shared goals and understanding for workshop
- Minimal:** brief communication to address logistics and topics

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Please comment on your collaborative process with the Teaching Artist.

Please rate the quality of communication between VSA Minnesota and yourself.

<i>Arts in Education Coordinator</i>	Excellent	Above Average	Average	Below Average
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any comments or concerns you may have in regard to your experience with VSA Minnesota or this program.

How can VSA Minnesota make this program more effective and/or efficient?

My signature (or typed) below confirms that I supplied the responses on this form using my best professional judgment.

Signature of Collaborating Staff

Date

Please return the completed evaluation form and documentation to:

VSA Minnesota

Attention:

Arts in Education Coordinator

528 Hennepin Ave., Suite 305

Minneapolis, MN 55403

Phone: 612/332-3888

or 800/801-3883

Fax: 612/305-0132

E-mail: info@vsamn.org

Website: www.vsamn.org

Thank you for taking the time to complete this survey. With this information, VSA Minnesota is able to provide specific developments and stress the importance of programs such as this to the John F. Kennedy Center for the Performing Arts & the Department of VSA and Accessibility, Minnesota Department of Education and the Minnesota State Arts Board.