

Young Audiences  
Arts of Learning  
Connecticut  
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## Young Audiences of Connecticut Artist Evaluation of Workshop/Residency

Artist Name: \_\_\_\_\_ School Name: \_\_\_\_\_  
School Contact: \_\_\_\_\_ Dates of Workshop/Residency \_\_\_\_\_

Workshop/Residency Objective:

Connections to School Curriculum:

Desire Outcome:

Was the school prepared for your workshop/residency? Yes \_\_\_ No \_\_\_

Did you participate in a teacher planning session? Yes \_\_\_ No \_\_\_

How did you adapt your residency plan as a result of the planning session? \_\_\_\_\_  
\_\_\_\_\_

Was the space allocated to you adequate in size? Yes \_\_\_ No \_\_\_

Were the students attentive? Yes \_\_\_ No \_\_\_

Were the students responsive? Yes \_\_\_ No \_\_\_

Were the teachers actively engaged in your process? Yes \_\_\_ No \_\_\_

Were the driving directions accurate? Yes \_\_\_ No \_\_\_

Additional Comments:

\*\*Please attach Residency Outline