



# Artist in the Classroom

## Artist Feedback Form

### School Year 2013-2014

Name:

Date:

Project Title:

School:

Classroom Teacher:

Grade:

Number of Students Served:

1. Did the lesson integrate a state standard such as language arts, math, social studies, or science?

No

Yes

If yes, please select:

Arts

Math

Language Arts

Social Studies

Science

2. Please check the category that best describes the lesson and add comments.

Exceptional	<input type="checkbox"/>
Successful	<input type="checkbox"/>
Average	<input type="checkbox"/>
Poor	<input type="checkbox"/>

3. On a scale from 1 to 10, with 10 being the highest, how actively engaged were the students?

If lower than a 7, what could be improved for future lessons?

4. Describe the highlights of this lesson.

5. Optional additional comments on back or separate sheet.