

Class Acts Arts Performance Evaluation

Please complete this form in **DARK INK**. Thank you.

School/Site	Performing Group	Performance Date
Street	Title of Program	
City/State/Zip	County	

Number of performances: ____ Total audience size: ____ Number of workshops: ____

What grade levels attended this program? Pre-School ____ K-2 ____ 3-5 ____ 6-8 ____ 9-12 ____ Adult ____

Please rate this performance using the following scale:

	Poor	Fair	Average	Good	Excellent	
Your overall response to the program	1	2	3	4	5	
Artistic quality	1	2	3	4	5	
Suitability for age of audience	1	2	3	4	5	
How well did the artist(s) establish rapport with audience?	1	2	3	4	5	
Level of audience participation	1	2	3	4	5	
Overall student response	1	2	3	4	5	
Educational value	1	2	3	4	5	
Artist's ability to hold student interest/maintain discipline	1	2	3	4	5	
Usefulness of performance study guide materials (if provided)	1	2	3	4	5	N/A
How well did artist(s) meet scheduled arrival/performance times	1	2	3	4	5	
Satisfaction with scheduling this program through Class Acts Arts	1	2	3	4	5	

Comments:

We would appreciate additional student and/or staff feedback, if available, and any press articles.

Signature _____ Date _____

Printed Name _____ Title _____

**Thank you. Please fold, stamp, tape and return this form to Class Acts Arts
8100 Georgia Ave., Silver Spring, MD 20910 Or Fax to 301-588-7270**