

Thank you for completing this workshop evaluation

| | |
|--------------|-----------------|
| Name: | Artist/Group: |
| School/City: | Date: |
| Title: | Workshop/Title: |

| Please check X the appropriate box (5 being the highest score) | | | | | | |
|---|-----|---|---|---|---|---|
| | N/A | 1 | 2 | 3 | 4 | 5 |
| Workshop Content | | | | | | |
| Rate this workshop as an artistic experience | | | | | | |
| Well Planned | | | | | | |
| Original content | | | | | | |
| Topic/Content appropriate for age group | | | | | | |
| Goals clearly communicated | | | | | | |
| Questions answered clearly | | | | | | |
| Educational content: | | | | | | |
| Established links to curriculum | | | | | | |
| Increased teachers interest in approaching / teaching core curriculum using the arts | | | | | | |
| Student Impact: | | | | | | |
| Increased student's interest in the arts | | | | | | |
| Increased student's confidence and self esteem | | | | | | |
| Level of student engagement | | | | | | |
| Expanded student's skills and/or experience | | | | | | |
| Increased student's motivation for learning | | | | | | |
| Working with MASC: | | | | | | |
| Smooth booking process | | | | | | |
| Professionalism of MASC artist(s) | | | | | | |

1. What aspect of this workshop do you expect to have a lasting impact on you as a teacher?

2. What aspect of the workshop do you believe will have a lasting impact on students?

3. Please provide quotes from students and teachers.

4. If you received a study guide, did you find it useful?

5. Would you prefer to receive your study guide in printed or electronic form?

6. Please provide comments and suggestions for future programs