



## TEACHER EVALUATION OF PRESENTATION

Please copy this form.

Our funding sources ask about value of performance. Please share your insights. Thank you!

Name of School: \_\_\_\_\_

Teacher/Grade: \_\_\_\_\_

Name of Artist: \_\_\_\_\_

Date of Presentation/s: \_\_\_\_\_ # of Students in Attendance: \_\_\_\_\_

In what way do you think this performance positively impacted your students?  
\_\_\_\_\_

\_\_\_\_\_  
**Please tell us using the 1-5 scale: 1 being the lowest, 5 being the highest**

Was the study guide helpful and informative? 1 2 3 4 5

Were the students receptive and engaged by the performance? 1 2 3 4 5

Did the performer encourage questions and feedback from the students? 1 2 3 4 5

How would you rate the overall quality of the presentation? 1 2 3 4 5  
\_\_\_\_\_

We welcome any additional comments you might share. Thank you for your valuable time and assistance!  
As our funding and grants are dependent on the return of evaluations, we greatly appreciate your assistance.

**Artsbridge | 925 Market Street | Parkersburg, WV 26101**