

# Young Audiences • Arts for Learning • Virginia

## Artist Evaluation

Please fill out this form **completely** and return it with your pay sheet.  
You may use one form for multiple performances **if the answers are the same.**

Artist/Ensemble: \_\_\_\_\_ Invoice(s): \_\_\_\_\_

Evaluated by: \_\_\_\_\_

Location:    Gymnasium    Auditorium    Cafeteria    Library    Classroom    Outside  
(circle)

Directions:    Good                      Bad    (Please correct on back.)    Not Given

- |  |     |                          |    |                          |       |                          |
|--|-----|--------------------------|----|--------------------------|-------|--------------------------|
| 1. The Site was prepared for my performance.       | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| 2. My technical requirements were met.             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| 3. The students were well supervised.              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| 4. My program was introduced by a school official. | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| 5. The performance area was adequate.              | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| 6. Set-up and take-down went smoothly.             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| 7. I am pleased with my performance today.         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| 8. Did you display the YAV Banner?                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| 9. Did you hand out your teacher evaluations?      | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| 10. Did the performance start on time?             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Other | <input type="checkbox"/> |

How many students attended the performance(s)?  
(circle)

50-100     100-150     150-200     200-250     250-300     300-350     Other

*If you are evaluating multiple performances **do not total** the number of students, please indicate the number that attended each performance.*

Feedback:

Did you change your performance today? If so, why? Are there permanent changes that you feel would benefit this program?

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