



evaluation report

2006-2007 ARTIST-IN-THE-CLASSROOM

When completed, please mail this form to: Grants Officer • Salt Lake City Arts Council • 54 Finch Lane • Salt Lake City, UT 84102

READ THE INSTRUCTIONS BELOW and the grant guidelines carefully before filling out your Evaluation Report.

- Answer all questions in the space provided on the form.
- Double check your addition on budget pages to make sure it is correct.
- Make a copy of the Evaluation Report for your records.

Funding Awarded: \$1,000
 Applicant/Elementary School:
 Mailing Address (Street)
 City, State, Zip:
 Contact Person/Teacher:
 Daytime Phone:
 Fax Number:
 Alternate Contact/Teacher:
 Daytime Phone:
 School Principal:
 Daytime Phone:

Identify the City Council District in which your school is located: District 1 District 2 District 3 District 4 District 5 District 6 District 7
 For City Council district information, contact the Salt Lake City Council Office at 535-7600.

PROJECT NARRATIVE

1. Name of Artist* _____ Daytime Phone _____
 Mailing Address _____ Zip _____
 Indicate the disciplines in which this artist works: (check all that apply) Dance Theatre Music Crafts
 Design/Architecture Creative Writing Visual Arts Photography Folk Arts / Folklore Film / Video
 Other (describe): _____

2. List the name and position of the team members who worked with the artist(s) listed above (e.g. teacher, parents, principal, etc.)

3. Please describe your team approach to this artist's residency. (How did you develop a partnership between the classroom teacher and the artist? How did they work together? Did they teach cooperatively during the residency?)

4. a) Length of residency: _____ b) Specific dates: _____
c) Number of sessions daily weekly other _____
d) Number of participating students _____ e) Grade level(s) _____

5. Describe the residency. INCLUDE:

- a) The types of activities that occurred during the residency (in the classroom, with other students, community activities, in-service activities, etc.).
b) A brief description of the facilities available to the artist while in residence.
c) Demographic profiles of participating students (e.g. grade level(s), ethnic background, etc.)

6. How did this residency tie into the curriculum?

7. Did you meet the goals for this residency as stated in your original application? Please evaluate the success of the residency.

8. Were adequate plans made to prepare students before the residency and for follow-up with the students after the residency? Describe.

PROJECT BUDGET

Salt Lake City Arts Council Artist-In-the-Classroom grants do not require matching funds from the school. If you had additional funds available to extend the residency experience, please include below.

PROJECT INCOME

Salt Lake City Arts Council Grant

\$ 1,000

Other funds: 1) School operating funds: \$ _____

2) Private funds (source & amount):

_____ \$ _____

3) Earned income (fundraising projects, etc.):

_____ \$ _____

4) Other: _____

_____ \$ _____

Total of items 1) through 4): \$ _____

Total Project Income (must equal *Total Project Expenses* below): \$ _____

PROJECT EXPENSES

Artist(s) fees (rate per hour X number of hours): \$ _____/hour X _____ hours \$ _____

Supplies & materials: _____

_____ \$ _____

Other expenses: _____

_____ \$ _____

Total Project Expenses (must equal *Total Project Income* above) \$ _____

SIGNATURES (Signatures of two individuals required.)

Date of Evaluation: _____

I / We have read and understand the guidelines, criteria and legal assurances established by the Salt Lake City Arts Council grants program. If a grant is awarded, and the grantee does not comply with these stated policies, the Salt Lake City Arts Council reserves the right to withhold funding.

Teacher / Contact: X _____ Print Name: _____

School Principal: X _____ Print Name: _____

This 2006-2007 Artist-in-the-Classroom Evaluation Report is due no later than thirty days following the completion of residency.