



Southern Alleghenies Museum of Art  
**ARTIST RESIDENCY PROGRAM**  
Museum Healthcare Partnership  
**Core Group Evaluation Form**



The Southern Alleghenies Museum of Art (SAMA) recommends and encourages all core groups involved in the artist residency to complete this evaluation form. Evaluation forms should be completed after the conclusion of the residency and returned to SAMA.

**Name:** \_\_\_\_\_  
(optional)

**Host Site:** \_\_\_\_\_

**Name of Artist:** \_\_\_\_\_ **Art Form:** \_\_\_\_\_

*Please print.*

1. What did you know about the art form before the residency?
  
  
  
  
  
  
  
  
  
  
2. What have you learned about this art form from the artist?
  
  
  
  
  
  
  
  
  
  
3. What was your favorite thing about working with the artist? Why?
  
  
  
  
  
  
  
  
  
  
4. What was your least favorite thing about working with the artist? Why?

