 Today's Date: _____

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?

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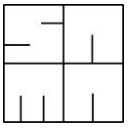
Please be sure to read and answer all parts of each question.

5. How has your experiences working with the artist affected your opinion on the art form? Will you look at this art form differently now that you have experienced it first hand?

6. Do you have any suggestions that may improve the artist residency? Please offer specific details about activities in this residency that could be done differently. Do you feel you spent enough time with the artist?

7. Please share anything else you would like to tell us about the artist residency or about the arts in general



Return completed evaluation forms to:
Southern Alleghenies Museum of Art
P.O. Box 9, Loretto, PA 15940

Phone: 814-472-3920 ● Fax: 814-472-4131 ● E-mail: jcampbell@sama-art.org

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