

**Southern Alleghenies Museum of Art**  
**ARTIST RESIDENCY PROGRAM**  
 Museum Healthcare Partnership  
**Staff Evaluation of Residency**



**REQUIRED.** To be completed by the host site coordinator and returned to SAMA at the conclusion of the artist residency. Site coordinators are encouraged to collaborate with all staff who were involved in the residency when completing this evaluation form. Evaluations may be shared with the artist.

**Your Name and Title** \_\_\_\_\_

**Host Site** \_\_\_\_\_ **Residency Dates** \_\_\_\_\_

**Name of Artist** \_\_\_\_\_ **Art Form** \_\_\_\_\_ **Telephone (\_\_\_\_)** \_\_\_\_\_

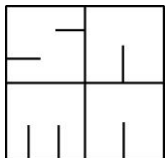
**Part 1: Please rate the following.**

	<b>Lowest</b>					<b>Highest</b>	<b>Comments:</b>
<b>Overall effectiveness of the residency.</b>							
1. Residency goals accomplished	1	2	3	4	N/A		
2. Benefits to core group	1	2	3	4	N/A		
3. Benefits to non-core group	1	2	3	4	N/A		
4. Professional development/ideas for staff	1	2	3	4	N/A		
5. Enthusiasm/participation of core groups	1	2	3	4	N/A		
6. Comprehension of core groups	1	2	3	4	N/A		
7. Parent/community involvement	1	2	3	4	N/A		
8. Overall quality of residency	1	2	3	4	N/A		

	<b>Lowest</b>					<b>Highest</b>	<b>Comments:</b>
<b>Artistic/Instructional quality.</b>							
1. Artist demonstrated mastery of art form/subject	1	2	3	4	N/A		
2. Demonstrated effective rapport	1	2	3	4	N/A		
3. Encouraged and was receptive to questions and ideas	1	2	3	4	N/A		
4. Provided feedback	1	2	3	4	N/A		
5. Gave clear explanations	1	2	3	4	N/A		
6. Presented material in an organized manner	1	2	3	4	N/A		
7. Used a variety of teaching methods	1	2	3	4	N/A		
8. Demonstrated a clear understanding of academic standards	1	2	3	4	N/A		

**Part 2: The following information is necessary for evaluation and re-granting purposes. Please complete all fields below accurately.**

Total core group benefiting:	_____	Number Minority:	_____
Total benefiting (incl. core groups):	_____	Number Minority:	_____
Total site staff benefiting:	_____	Number Minority:	_____
Total community people benefiting:	_____	Number Minority:	_____
Total administrators benefiting:	_____	Number Minority:	_____



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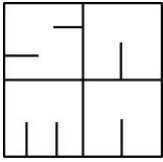
**Part 3:** *Please complete the following questions. Attach additional pages if necessary.*

1. Discuss any outstanding successes.

2. Discuss any problems encountered. Include suggestions to improve the residency.

3. Were parents and/or the community involved? How?

4. What benefits did this residency provide for the core group(s) and organization?



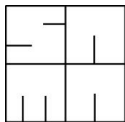
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5. Would you recommend this artist for other residencies? Why or why not?

6. Please list any additional comments that you would like to share.

**Part 4:** *Please describe advocacy measures or marketing tools used in this residency and include any publicity, examples of core group work, slides, and/or photos.*



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](mailto:jcampbell@sama-art.org)

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