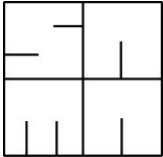


Today's Date: _____



Southern Alleghenies Museum of Art
ARTIST RESIDENCY PROGRAM
Artist Observation Form



Host Site Name: _____

Staff: _____

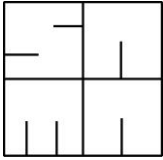
Name of Artist, Company or Ensemble: _____

Date of Observation: _____

Person filling out form: _____

		Lowest			Highest
1	Overall artist rating	1	2	3	4
2	Artistic quality	1	2	3	4
3	Organization of the core group/s	1	2	3	4
4	Communication skills	1	2	3	4
5	Modeling (dress, deportment, language, friendliness, etc.)	1	2	3	4
6	Evidence of preparation	1	2	3	4
7	Schedule of events	1	2	3	4
8	Content	1	2	3	4
9	Pace	1	2	3	4
10	Age-appropriateness of lessons/activities	1	2	3	4
11	Core group was directly involved in the creative process (hands-on)	1	2	3	4
12	Participant reaction	1	2	3	4
13	The environment was conducive to art education	1	2	3	4
14	Availability of resources (classroom/artist materials)	1	2	3	4
15	Staff relationships	1	2	3	4

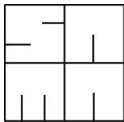
Today's Date: _____



Southern Alleghenies Museum of Art
ARTIST RESIDENCY PROGRAM
Artist Observation Form



Please use this area to write any comments or observations:



Return completed observation 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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