

**ARTISTS IN THE CLASS WORKSHOP - 2010**  
**ARTIST/TEACHER EVALUATION FORM**

ALL INFORMATION MUST BE COMPLETED

Fill out and fax to: Arts Council Office, 250 537-1678, when the workshop/s is/are finished and this evaluation is completed and signed by artist and teacher.

Artist's Name and Signature: \_\_\_\_\_

Name and Address to which cheque will be mailed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher's Name and Signature: \_\_\_\_\_

School: \_\_\_\_\_

Name of Workshop and Date Completed: \_\_\_\_\_

Total Number of Hours Working With Students (do not include preparation or clean-up): \_\_\_\_\_

What was the most successful aspect of this workshop?

Artist:

Teacher:

What was one thing that you think would improve this workshop?

Artist:

Teacher:

A Sampling of Student Comments: