



Artists in the Schools Grant

Student Evaluation, Grades 3-12

At the completion of your grant funded project, each student's input is required. Return all forms to: Program Coordinator, Genesee Valley Council on the Arts, 4 Murray Hill Drive, Mount Morris NY 14510. If desired, keep a copy for your files.

Name: _____ School/Grade: _____

1. How much did you enjoy the Artists in the Schools program? Please circle the number that fits your answer.

Liked it a lot	Liked it some	Didn't care	Didn't liked it	Disliked it a lot
5 _____	4 _____	3 _____	2 _____	1 _____

2. List two things that you liked or disliked about working with the artist.

A. _____

B. _____

3. List two things that you learned about _____ (insert theme).

A. _____

B. _____

4. List two things you learned about _____ (insert art form).

A. _____

B. _____

5. What did you learn about yourself?

6. What would you say to students who are doing an Artists in the Schools project next year?