

# ARTIST-IN-THE-CLASSROOM EVALUATION

**Due no later than: Tuesday, September 30, 2014, 5:00 p.m.**

*You can submit this report before the deadline as long as all programming elements have been finalized.*

## EVALUATION CHECKLIST

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- Submit TWO copies of this evaluation:
  - a) Send one electronic PDF copy (not a scanned image) via email to Kelsey Moon Ellis at [kelsey.ellis@slcgov.com](mailto:kelsey.ellis@slcgov.com)  
*The electronic copy does not require a signature.*
  - b) Mail or deliver one hard copy with NO STAPLES, FOLDERS, OR BINDERS to **Kelsey Moon Ellis, 54 Finch Lane, Salt Lake City, UT 84102**
- Submit copies of printed materials where the Salt Lake City Arts Council was given credit (brochures, news releases, programs, etc.) – *if applicable*
- Submit copies of thank you letters set to City elected officials.

## GENERAL INFORMATION

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Grant amount awarded: \$2,000

Elementary School:

Address:

City, ST Zip:

Contact Person:

Phone:

Email Address:

School Principal:

Phone:

Email Address:

Participating Artist/Organization:

Address:

City, ST Zip:

Phone:

Email Address:

If residency was with an organization, please list the names of all participating artists.

Identify the City Council District(s) where your programming takes place:

District 1

District 2

District 3

District 4

District 5

District 6

District 7

For City Council District information visit <http://council.slcgov.com/pages/mapHelp.htm>.

## PROJECT NARRATIVE

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1. Identify the discipline(s) used in your programming: (check all that apply)

Dance	Theatre	Music	Opera
Media Arts	Design/Architecture	Literary Arts	
Visual Arts	Folk Arts/Folklore	Multidisciplinary	
  
2. Describe your project for which the grant funds were used. What did you do? When? Where? Please be specific.
  
  
  
  
  
  
  
  
  
  
3. Describe the residency schedule. How many sessions did students participate in? How often were the classes? What were the dates of the residency?
  
  
  
  
  
  
  
  
  
  
4. List the names and positions of the team members who worked with the artist(s) listed above. (Teachers, parents, principal, etc.)
  
  
  
  
  
  
  
  
  
  
5. Total number of students who participated in the program.  
*A specific number is required. Do not say "hundreds" or a range such as "100-200"*
  
  
  
  
  
  
  
  
  
  
6. Describe the demographic profile of participating students. (Grade level(s), ethnic background, etc.)

- 7. How did this residency enrich or enhance instruction of other programs already offered in your school?
  
  
  
  
  
  
  
  
  
  
- 8. Did you meet the goals for this residency as stated in your original application? Please evaluate the success of this residency and give your honest evaluation of this project.
  
  
  
  
  
  
  
  
  
  
- 9. Did you contact and acknowledge the Mayor and Salt Lake City Council members for their support?  
Yes                No     **(If yes, attach a copy of your correspondence.)**
  
  
- 10. Did the projected budget from your Artist-in-the-Classroom application change?  
Yes                No     **(If yes, briefly explain reasons for any budgetary changes.)**

**SIGNATURES**

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Submitting this evaluation indicates authorization to do so by the governing body of the grantee and the undersigned representative is authorized to act on behalf of the grantee in connection with this evaluation.

CONTACT / TEACHER

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SCHOOL PRINCIPAL

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date