

2012 Shakespeareance Teacher Feedback Form

1. Contact Information

***1. Name**

***2. Email**

***3. School**

***4. Number of students in your class**

***5. Date of Performance**

Performance MM DD YYYY
 / /

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2. Program Evaluation

From high to low, please evaluate the following categories for this program by selecting the option that best describes your satisfaction level.

1. A. Communications with Festival Staff / Written Materials

	High		Medium		Low	N/A
Prompt, professional response to inquiries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall ease of scheduling process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of the ISF / ITY Website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Usefulness of information in Study Guide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. B. Performance

	High		Medium		Low	N/A
Artistic merit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational merit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age appropriate content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value of Q/A session with the actors (if applicable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value of workshop (if applicable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall quality of performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. C. This performance effectively

	High		Medium		Low	N/A
Supports existing curricular studies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meets Idaho Humanities standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presents cultural perspectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deepens understanding of theater arts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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3. General Information

***1. Would you be interested in a longer performance (between 60 and 80 minutes in length) of a less-condensed version of Shakespeare's text?**

Yes

No

Comments:

2. Would you like to have the tour again next year?

Yes

No

If no, please explain:

3. Your source of funding for this performance was: (check all that apply)

District Funds

School Budget

Grant

Parent Organization

Special Fundraising

Other

If other please specify

4. Please make any other comments you would like to share about this performance.