



# ARTS-IN-EDUCATION SERVICES

ADMINISTRATIVE COORDINATOR  
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## PRESENTER EVALUATION OF SCHOOL

*Please complete and return to the ES BOCES Arts-in-Education Office after your program has been completed.*

**PRESENTER:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **DISTRICT:** \_\_\_\_\_

**DATE(S):** \_\_\_\_\_ **BOCES CONTRACT #** \_\_\_\_\_

### **DISCUSS YOUR EXPERIENCE AS A PRESENTER IN THIS SCHOOL.**

**Please rate the following items: YES (Y), NO (N), NOT APPLICABLE (N/A):**

- 1. Did the teacher contact you and plan with you before the presentation? \_\_\_\_\_
- 2. Were you able to do you presentation as planned (ie. start time, content, finish, Q&A)? \_\_\_\_\_
- 3. Was the school prepared for you with the space, equipment, assistance, etc. you required? \_\_\_\_\_
- 4. Did the teachers remain with their classes during your presentation? \_\_\_\_\_
- 5. Did teachers assist in maintaining students' appropriate conduct during your presentation? \_\_\_\_\_
- 6. Was it apparent that teachers used provided study guide/support materials to prepare students? \_\_\_\_\_

**Please discuss the following aspects of your experience as a presenter in this school:**

**POSITIVE:**

**NEGATIVE:**

**What recommendations do you have regarding improving this school setting to enable you to offer more of your expertise to students and teachers?**

**Please include any comments regarding student reactions to your program (use back of form if you need to).**

Two empty rectangular boxes for signature or date.