



## ORGANISATIONAL HEAD'S EVALUATION FORM

### 1. Contact Information

1. Name	
2. Date of project	
3. Name of project	

### 2. Before the Project

4. How much money did your organisation spend on professional artists last year?	£	
5. Is your use of professional artists changing?	<input type="checkbox"/> Increasing <input type="checkbox"/> Staying the same <input type="checkbox"/> Decreasing	
6. How easy is it to find out what artists' programmes are available?	<input type="checkbox"/> Easy <input type="checkbox"/> OK <input type="checkbox"/> Difficult	Comment:

### 3. Planning the Project

7. Did the project fit in with your overall organisational objectives?	<input type="checkbox"/> Yes, strongly <input type="checkbox"/> Yes, partly <input type="checkbox"/> No	
8. What were your objectives for the project?	<input type="checkbox"/> To give the children/young people a new experience <input type="checkbox"/> To develop teachers' /youth leaders' skills <input type="checkbox"/> To work with a professional artist <input type="checkbox"/> To support the curriculum <input type="checkbox"/> Other, please specify:	
9. How easy was it to motivate teachers/youth leaders to take part?	<input type="checkbox"/> Easy <input type="checkbox"/> OK <input type="checkbox"/> Difficult	Comment:
10. How easy was it to schedule the project into the curriculum?	<input type="checkbox"/> Easy <input type="checkbox"/> OK <input type="checkbox"/> Difficult	Comment:
11. How easy was it to find the money for the project?	<input type="checkbox"/> Easy <input type="checkbox"/> OK <input type="checkbox"/> Difficult	Comment:



#### 4. Your Evaluation of the Project

12. Did you think the project had enduring effects on the teachers/youth leaders?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, did it: <input type="checkbox"/> Show them new ways of teaching <input type="checkbox"/> Increase their interest in the arts <input type="checkbox"/> Other, please specify:
13. Did you think the project had enduring effects on the pupils?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, did it: <input type="checkbox"/> Increase their confidence <input type="checkbox"/> Increase their interest in learning <input type="checkbox"/> Increase their interest in the arts <input type="checkbox"/> Other, please specify:
14. Do you think the project was a success?	<input type="checkbox"/> Yes <input type="checkbox"/> Partly <input type="checkbox"/> No	Please explain:
15. Was the project value for money?	<input type="checkbox"/> Yes <input type="checkbox"/> Partly <input type="checkbox"/> No	Please explain:
16. How could it have been improved?		
17. Is there anything about Creative Youth Partnerships that you think should be changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain:
18. Do you have a specific complaint or concern which you would like to bring to the attention of the CYP Development Officer? (Please refer to the Complaints & Concerns Procedure on the website)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain: