

ARTIST'S EVALUATION FORM

Please tick appropriate box:

Individual Artist Programme <input type="checkbox"/>	Touring Programme <input type="checkbox"/>	Action Zone Programme <input type="checkbox"/>
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1. Contact Information

1. Name of project	
2. Date of project	
3. Name of artist	
4. Name of Receiving Organisation	

2. Preparing the Project

4. Were the objectives of the project clear?	Yes No, but it was not a problem No, and it was a problem	
5. What information did you get from the site visit/planning process?	The age group of children/young people The abilities of the children/young people Curriculum links Contact with the teacher/youth leader The space and facilities available Other, please specify:	
6. In retrospect, did you get all the information you needed during the site visit/planning process?	Yes	No: what else did you need to know?
7. Did you feel you had a working partnership with the teacher/youth leader?	Yes No	Please explain:

3. Delivering the Project

8. Was the Creative Youth Partnerships development officer helpful?	Yes No No contact	Please explain:
9. Did you receive the support you needed from the receiving organisation?	Yes No	Please explain:
10. Did the space available suit what you wanted to do?	Yes No	Please explain:

11. Did you find the children/young people easy to engage?	Yes No	Please explain:
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12. Did the children/young people contribute to the planning of the sessions?	Yes No	Please explain:
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13. Did you encounter any other problems in delivering the project?	Yes No	Please explain:
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14. Were they addressed?	Yes No	Please explain:
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4. Your Experiences

15. Did the project contribute to your artistic development?	Yes	No
16. Did the project increase your knowledge of the education/youth service?	Yes	No
17. Did you learn about ways to link your art form to the curriculum?	Yes	No
18. Did the project highlight gaps in your skills or knowledge that Creative Youth Partnerships could help you with?	Yes: please explain:	No

5. Effects on the Children/Young People

19. Did the children/young people change by the end of the project?	Yes	No
a. If yes, did their confidence increase?	None in the group A few in the group Most in the group All in the group Difficult to tell Not relevant, already strong	
b. Did their ability to concentrate increase?	None in the group A few in the group Most in the group All in the group Difficult to tell Not relevant, already strong	

c. Did their behaviour in the group improve?	None in the group A few in the group Most in the group All in the group Difficult to tell Not relevant, already strong
d. Were their attitudes to the arts more positive?	None in the group A few in the group Most in the group All in the group Difficult to tell Not relevant, already strong
e. Were their attitudes to learning more positive?	None in the group A few in the group Most in the group All in the group Difficult to tell Not relevant, already strong
f. Other, please specify:	None in the group A few in the group Most in the group All in the group Difficult to tell Not relevant, already strong

6. The Achievements of the Project

20. Do you think the project was a success?	Yes Partly No	Please explain:
21. In retrospect, is there anything you would have done differently?		
22. Is there anything about Creative Youth Partnerships that you think should be changed?	Yes No	Please explain:
23. 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)	Yes No	Please explain: