



## TEACHER'S/YOUTH LEADER'S EVALUATION FORM

### 1. Contact Information

1. Name of teacher/youth leader	
2. Date of project	
3. Name of artist(s)	
4. Name of project	

### 2. Before the Project

5. Were the objectives of the project clear?	<input type="checkbox"/> Yes <input type="checkbox"/> No, but it was not a problem <input type="checkbox"/> No, and it was a problem	
6. What was your reason for being involved?	<input type="checkbox"/> To give the children/young people a new experience <input type="checkbox"/> To develop your skills <input type="checkbox"/> To work with a professional artist <input type="checkbox"/> To support the curriculum <input type="checkbox"/> To release time for other work duties <input type="checkbox"/> Other, please specify:	
7. Did the young people contribute to the objectives of the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain:

### 3. The Project

8. Did you attend the sessions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, please go to next section
9. Was the artist well prepared for the sessions?	<input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> A small amount of time <input type="checkbox"/> Not at all	
10. Was the activity appropriate for the age group present?	<input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> A small amount of time <input type="checkbox"/> Not at all	
11. Were the children/young people enthused by the sessions?	<input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> A small amount of time <input type="checkbox"/> Not at all	
12. Were all members of the group engaged?	<input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> A small amount of time <input type="checkbox"/> Not at all	



13. Were the children/young people on task during the sessions?	<input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> A small amount of time <input type="checkbox"/> Not at all
14. Did the sessions encourage the children/young people to think creatively?	<input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> A small amount of time <input type="checkbox"/> Not at all
15. Did the artist(s) use the time allocated well?	<input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> A small amount of time <input type="checkbox"/> Not at all
16. Did you feel that you had a working partnership with the artist(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:

#### 4. Your Experiences

17. Did the project change your view about the role of the arts in youth development?	<input type="checkbox"/> Yes, more positive <input type="checkbox"/> Yes, more negative <input type="checkbox"/> No, already very positive <input type="checkbox"/> No, other	Please explain:
18. Did the project change the status of the arts within your organisation?	<input type="checkbox"/> Yes, more positive <input type="checkbox"/> Yes, more negative <input type="checkbox"/> No, already very positive <input type="checkbox"/> No, other	Please explain:
19. Is there anything in your own professional practice that you would do differently because of the experience of the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain:
20. Do you feel more confident integrating arts activity into your ongoing work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain:
21. Would you use the same artist again?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain:



22. Would you like to take part in future arts projects?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain:
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*5. Effects on the Children/Young People*

23. Did the children/young people change by the end of the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If yes, did their confidence increase?	<input type="checkbox"/> None in the group <input type="checkbox"/> A few in the group <input type="checkbox"/> Most in the group <input type="checkbox"/> All in the group <input type="checkbox"/> Difficult to tell <input type="checkbox"/> Not relevant, already strong	
b. Did their ability to concentrate increase?	<input type="checkbox"/> None in the group <input type="checkbox"/> A few in the group <input type="checkbox"/> Most in the group <input type="checkbox"/> All in the group <input type="checkbox"/> Difficult to tell <input type="checkbox"/> Not relevant, already strong	
c. Did their behaviour in the group improve?	<input type="checkbox"/> None in the group <input type="checkbox"/> A few in the group <input type="checkbox"/> Most in the group <input type="checkbox"/> All in the group <input type="checkbox"/> Difficult to tell <input type="checkbox"/> Not relevant, already strong	
d. Were their attitudes to the arts more positive?	<input type="checkbox"/> None in the group <input type="checkbox"/> A few in the group <input type="checkbox"/> Most in the group <input type="checkbox"/> All in the group <input type="checkbox"/> Difficult to tell	
e. Were their attitudes to learning more positive?	<input type="checkbox"/> None in the group <input type="checkbox"/> A few in the group <input type="checkbox"/> Most in the group <input type="checkbox"/> All in the group <input type="checkbox"/> Difficult to tell <input type="checkbox"/> Not relevant, already strong	
f. Other, please specify:	<input type="checkbox"/> None in the group <input type="checkbox"/> A few in the group <input type="checkbox"/> Most in the group <input type="checkbox"/> All in the group <input type="checkbox"/> Difficult to tell <input type="checkbox"/> Not relevant, already strong	



*6. Your Evaluation of the Project*

24. Do you think the project was a success?	<input type="checkbox"/> Yes <input type="checkbox"/> Partly <input type="checkbox"/> No	Please explain:
25. How could it have been improved?		
26. Is there anything about Creative Youth Partnerships that you think should be changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain:
27. Do you have any causes for concern in relation to Child Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain:
28. 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: