

Core Group Student Survey

To be completed by the core group students (Grades K – 4)

Name of artist: _____ Art form: _____

School or site: _____ Teacher's Name: _____

Your name: _____

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. My arts project was fun. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I learned many new things. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I liked working with other students on this project. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I liked having a teaching artist working in our classroom. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. My arts project made reading more fun. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. My arts project made writing more fun. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I would like to do another project like this. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. My parents and teacher were very proud of the work I did. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. What was your favorite part of what you did with the artist? Why? | | |

10. What was your least favorite thing about what you did with the artist? Why?

11. If you could do it over again, what would you change?

Core Group Student Survey

To be completed by the core group students (Grades 5 – 12)

Name of artist: _____ Art form: _____

School or site: _____ Teacher's Name: _____

Your name: _____

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. My arts project was fun. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I discovered new talents as result of participating in my arts project. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I learned many new things. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. My arts project made me feel better about my abilities. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I can use things I learned in this project in other subject areas. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I learned a lot from the teaching artist. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I hope I can do another project with a teaching artist. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Participating in the arts project made learning more fun. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I have discovered that I like the arts more since participating in the arts project. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Because I enjoyed the arts project so much, I plan on or would like to study the arts after school, on Saturdays and/or during the summer. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. What was your favorite part of what you did with the artist? Why? | | |

12. What was your least favorite thing about what you did with the artist? Why?

13. If you could do it over again, what would you change?