

Title Program
Name of School
Date

This information should be filled out by the project contact person for your ArtsSmarts project.

1. About Your Project

- a) Overall Goal(s) of the project
- b) Activities of the project (general description of how the project was developed and delivered)
- c) Staffing (description of the number of personnel and roles that were relevant to developing and delivering the project)
- d) Community/Parental Involvement (Have parents been informed about and involved in helping?)

2. Impact of the Project

Using the following questions as a guide, please describe the impact your project has had on students in your school.

- How has the program been received (parents, teachers, students)?
- What has been accomplished so far?
- Has the program made a difference?
- On whom has the program had the most impact?
- Has any thing (positive or negative) happen that you did not expect as a result of the program?
- Should the program continue?

3. Teacher Observation Checklists

Please provide a copy each of the Teacher Observation Checklist #1 and #2 for each teacher involved. Ask them to fill this out at the beginning of the project and at the end. Please return both copies with this report.

4. Surveys

- Student Survey
- Parent Survey
- Artist Survey

Please ensure that all surveys are completed and returned with this report.

5. Conclusions

The final word is yours, please tell us what worked really well and what would you change in the future.

Thank you!