



2013-2014 TEACHER ARTS GRANTS EVALUATION FORM

Instructions—Complete and return this form within 30 days after the completion of your funded project—a final evaluation must be received by **May 15, 2014**. Failure to submit a completed evaluation form by the deadline may result in elimination from consideration of funding for future projects. Please print or type.

Please complete and print out the document in order to have your principal sign it. Mail the evaluation form to: Travis Compton, Community Outreach Coordinator, High Point Area Arts Council, PO Box 5526, High Point, NC 27262

School Name _____

Contact Person/Teacher _____

Principal _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Grant Number _____

Grant Amount Awarded \$ _____

Program Start Date _____

Program End Date _____

Evaluation Date _____

NARRATIVE

Provide a brief description and evaluation of the project. Describe what occurred and how successful you think it was.

Show relevance to the Basic Education Plan and include ways teachers and students were involved. Attach a schedule of events where applicable.

Explain how project was advertised. Attach samples of any printed materials using the Teacher Arts Grant credit line.

PARTICIPATION

Describe how professional artists and arts organizations were involved in the project.
Provide a list of names, mailing addresses and disciplines of participating artists and organizations.

Describe how special population groups were involved.

PROJECT DATA

PARTICIPATION STATISTICS

Complete the statistics below, providing realistic estimates where actual figures are not available.
(This section is stated as numbers of participants—NOT percentages!)

_____ **Total Number of People participating in this program**

- _____ Specify the number of this count who are *children and youth* (pre-K thru 12th grade)
- _____ Specify the number of this count who are *artists*
- _____ Specify the number of this count who are *volunteers*
- _____ Specify the number of this count who are *paid staff (full time)*
- _____ Specify the number of this count who are *paid staff (part time)*

RACIAL/ETHNIC MAKEUP

What number of total audience are:
(this section is stated as numbers of participants—NOT percentages)

- _____ American Indian/Alaskan Native
- _____ Native Hawaiian/Pacific Islander
- _____ Black/African-American
- _____ Hispanic/Latino
- _____ White, not Hispanic

Please fill out the follow form for all professional artists hired: *(this form must be filled out for all artists)*

Name	Email	Phone	Race

A – Asian, **AA** – African American/Black, **AI** – American Indian/Alaskan Native, **C** – Caucasian/Not Hispanic,
H – Native Hawaiian/Pacific Islander, **L** – Hispanic/Latino, **M** – Mixed Racial

FINANCIAL REPORT

NOTE: Income must match expenses!

Project Expenses	
Artist Fees	\$
Supplies and Materials	\$
Other (itemize)	\$
	\$
	\$
	\$
TOTAL	\$

Project Income	
Matching School Funds	\$
Matching PTA Funds	\$
Teacher Arts Grant	\$
Other Funds (itemize)	\$
	\$
	\$
TOTAL	\$

CERTIFICATION

I certify that the information contained in this report, including all attachments and supporting materials, is true and correct to the best of my knowledge and that the expenditures are for the purposed set forth in the grant award documents.

Signature of Principal

Date

Signature of Teacher / Project Director

Date