Teaching Artist Services Invoice & Evaluation

Please complete form and mail, fax or email to:
Allied Arts, AAEP | PO Box 2584, Bellingham, WA 98227
Email: kelly@alliedarts.org | Phone: 360-676-8548 | Fax (360) 650-9317

Name: ___________________________________________ Phone: __________________

Checks Payable to: _____________________________________________________________
Payment Address: _____________________________________________________________

Services rendered
Project/Workshop (name and type): ________________________________________________
School: ___________________________ Teacher(s): _________________________________
Date(s) of Program: _______________ Total Number of Days Visited: _________________
Grade: _________ Number of Students: _____________ Number of Classes: ______________
Number of Hours Taught: _______________ Number of Volunteers: _________________
Total Number of Volunteer Hours: __________________

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Items Purchased

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Total to be Reimbursed

In Kind Donations (Hours, supplies, etc) $________________________

AAWC Approved: ___________________________ Date: __________________

Reimbursement receipts, evaluation, and photos of work must be attached

Thank you for your time and support of the arts in our community!

General invoice teaching artist eval. Revised 7/2017
Hi Teaching Artists!

Thanks for participating in the Allied Arts Education Program. Please contribute to the program by returning this completed evaluation so we can work together to build a strong, efficient experience for students, educators, and teaching artists.

Please summarize your experience with the AAEP program. Do you have any impactful quotes or stories you’d like to share? (for grants, end of the year summaries, etc.)

Satisfaction

Please rank your satisfaction with the following on a scale of 1-5 (1 is low, 5 is high). Comment where needed.

- Did Allied Arts provide enough support? ______
- Were the teachers and schools welcoming? ______
- Was the timing of your lesson appropriate? _____
- How would you rate your lesson plan? ______

For the following questions, please put a checkmark by the answer you feel is the most appropriate.

- Did the teacher participate in the lesson? yes ______ no ______
- Would you return to this school? yes ______ no ______
- Have you taught at this school before? yes ______ no ______
- This class? yes ______ no ______

What worked well?

What can be done to improve the outcome?

How can Allied Arts support your relationship with the schools?

Do you prefer to teach using the same materials or do you prefer to experiment with a range of media?

Did your lesson incorporate equity and/or promote cultural pride? How so?

Relevance

Did your project tie into any other lessons the students have been learning in the classroom? If so, how?

- Science
- Social Studies
- Language Arts
- Other

Please send us any pictures you have from the classrooms. Thank you for your feedback.

In the following section, please mark each box that you feel was fulfilled in your lesson.