



Arts Inclusion Program Evaluation

This questionnaire seeks your feedback regarding the Arts Inclusion project you implemented using the grant received from VSA Arts of Kentucky. All individual responses will be anonymous. **Please return the completed questionnaire to:** Mary Claire O'Neal, Program Director, VSA arts of Kentucky, 500 Mero St., 21st Floor Capital Plaza Tower, Frankfort, KY 40601.

About the Project and its Participants

1. Please briefly describe the Arts Inclusion project that you implemented or helped to implement. (If necessary, you may use a separate sheet of paper to describe the project.)

2. Please list the beginning and ending date for your project. _____

3. What was your role in the Arts Inclusion project?

- Grant recipient—directly involved with the implementation of the project
 Grant recipient—not directly involved with the implementation of the project
 Assistant for implementing the project
 School administrator
 Other—Please specify: _____

4. How many students were directly involved in the project? _____

5. What were the grade level(s) of the students involved in the project? (Check all that apply.)

- Pre-school Kindergarten Grades 1 and/or 2
 Grades 3 and/or 4 Grades 5 and/or 6 Grades 7 and/or 8
 High school (grades 9-12) Other—Please specify: _____

6. Please indicate the percentage of children in the project who had **physical disabilities**. (Check one.)

- 10% or less 11-25% 26%-50% 51%-75% 76%-99% 100%

7. Please indicate the percentage of children in the project who had **learning disabilities**. (Check one.)

- 10% or less 11-25% 26%-50% 51%-75% 76%-99% 100%

8. Please indicate the percentage of children in the project who had **mental disabilities**. (Check one.)

- 10% or less 11-25% 26%-50% 51%-75% 76%-99% 100%

29. Overall, how would you rate your level of satisfaction with the visiting artist? (*Check one.*)

Very satisfied

Not very satisfied

Somewhat satisfied

Not satisfied at all

30. Please list the reasons why you rated your satisfaction with the visiting artist as you did in the previous question.

31. What suggestions would you give to the visiting artist so that future projects might be improved or enhanced?

<h3>Additional Questions & Comments</h3>
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32. How did you receive the application/information packet regarding the Arts Inclusion project grant?

From my principal

From a school administrator other than a principal

From a teacher

From an artist

By requesting it directly from VSA arts of Kentucky (*Please respond to next question.*)

Some other way—*Please specify:* _____

33. If you received the application/information packet by requesting it directly from VSA arts of Kentucky, how did you first learn about the program?

34. Based on your experience with this project in your classroom/school, how likely would you be to get involved in another Arts Inclusion project? (*Check one.*)

Very likely

Not very likely

Somewhat likely

Not likely at all

35. Please list the reasons why you would or would not be likely to get involved with another Arts Inclusion project.

36. Did you administer a formal evaluation tool, such as survey, to get feedback about the project from the students? Yes No (*Skip next question.*)

37. What did you learn from this evaluation? _____

38. In your opinion, what was the greatest strength of the Arts Inclusion program?

39. In your opinion, what could be done to improve or enhance the Arts Inclusion program? *Important note: This question seeks feedback on the program itself, and not the administrative aspects of the grant application or the distribution of grant money.*

40. Do you have additional suggestions or any final comments?

The next questions are for classification purposes only. *Please remember that all of your responses are completely confidential.*

41. Gender. (Check one.) Male Female

42. Race. (Check one.)
 African-American Asian Caucasian Hispanic Native American
 Other—Please specify: _____

43. Age. (Check one.) 30 or younger 31-40 41-50 51-60 61 or older

44. Please indicate the primary setting in which you work with children. (Check only one.)

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Pre-school | <input type="checkbox"/> Head start program | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> Childcare center | <input type="checkbox"/> Elementary school | <input type="checkbox"/> High school |
| <input type="checkbox"/> After-school program | <input type="checkbox"/> Other—Please specify: | |

Thank you for taking time to complete this questionnaire.