



## KITCHENER-WATERLOO ART GALLERY

Thank you for participating in our school programs. We hope you have enjoyed your experience and welcome your feedback to help us ensure quality programming to meet the needs of students, educators and parents alike. Completed evaluations can be sent by school courier to the Kitchener-Waterloo Art Gallery.

Educator (please start here)  Parent (please start on reverse)

1. Were the procedures for booking your program easy and efficient?

Yes

No (please explain)

2. Did you receive sufficient information post-booking?

Yes

No (please explain)

3. Please evaluate the overall success of your program

Excellent		Good	Average		Poor
6	5	4	3	2	1

4. Please comment on areas of our program that you consider most successful

5. How can the Gallery better serve your students? How can we improve existing programs? What new program ideas might you suggest?

6. How can the Gallery better serve teachers? What kinds of art-related professional development opportunities are you looking for?

Thank you for your valuable feedback

## Tour and Studio Program

**Docent** (Tour Guide): \_\_\_\_\_

7. Engages the students and encourages interaction using appropriate vocabulary, communication skills, and questions at a level appropriate to students

Excellent	Good	Average	Poor
6 5	4	3 2	1

8. Flexible to individual needs and offers adaptations as needed

Excellent	Good	Average	Poor
6 5	4	3 2	1

9. Displays thorough knowledge of exhibitions and gallery procedures

Excellent	Good	Average	Poor
6 5	4	3 2	1

10. Comments:

**Artist Educator** (Studio session): \_\_\_\_\_

11. Displays knowledge of the topic, discipline, media, and project, presenting in an effective manner that engages students

Excellent	Good	Average	Poor
6 5	4	3 2	1

12. Creates appropriate connections to the current gallery exhibitions, as well as the provincial curriculum

Excellent	Good	Average	Poor
6 5	4	3 2	1

13. Comments:

14. Have you visited our website? [www.kwag.on.ca](http://www.kwag.on.ca)

15. School: \_\_\_\_\_ Grade level: \_\_\_\_ Date of visit: \_\_\_\_\_

16. May we contact you to discuss your comments further? \_\_\_\_\_

17. From time to time, would you like to receive information by email on our  
 School/Educator programs  Public programs

Name: \_\_\_\_\_ Contact (daytime phone/email) \_\_\_\_\_