



## Residency Performance Evaluation Form

We value your input; please take a moment to let us know how we are doing

(Please circle the appropriate response: 5=agree strongly, 4=agree, 3=neutral 2=disagree, 1=disagree strongly, or NA=does not apply)

1. Overall, <i>I</i> reacted positively to this workshop/residency.	5	4	3	2	1	NA
2. Overall, <i>my students</i> reacted positively to this workshop/residency.	5	4	3	2	1	NA
3. The topic/content was appropriate for my students' grade level.	5	4	3	2	1	NA
4. This workshop/residency supported the Virginia SOLs	5	4	3	2	1	NA
5. My students experienced a deeper engagement with the curriculum tied to the subject matter contained in the residency/workshop.	5	4	3	2	1	NA
6. The participatory nature of the workshop helped my students grasp curriculum content tied to the subject matter contained in the workshop.	5	4	3	2	1	NA

7. This was the first time I scheduled a workshop/residency from **The Roanoke Children's Theatre** in my classroom?
- a. Yes b. No

8. Please list benefits gained by your students' participation in the workshop/residency:

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9. Please provide suggestions for improving the workshop/residency:

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10. Please provide an anecdotal story if possible about the impact of the workshop on one student.

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School or Organization: \_\_\_\_\_

Title/Topic of Workshop/Residency: \_\_\_\_\_

Date(s) of Workshop/Residency : \_\_\_\_\_

Your Name *Optional*: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Grade level(s) of your student who attended the residency/workshop: \_\_\_\_\_

**Please estimate your students diversity by percentage**

Caucasian \_\_\_\_ African-American \_\_\_\_ Native American \_\_\_\_ Hispanic \_\_\_\_

Asian-American \_\_\_\_ Appalachian \_\_\_\_ Other \_\_\_\_\_

E-mail Address *Optional*: \_\_\_\_\_

**Please complete and email back to: [development@roanokechildrenstheatre.com](mailto:development@roanokechildrenstheatre.com)**

**Or mail:**

The Roanoke Children's Theatre

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Attention: Development