# CADRE Evaluation by Site Director

**Teaching Artist:** __________________________________________

**Instructional Unit:** __________________________________________

**Site Name:** __________________________________________

**Date:** __________________________

**Site Director’s Name:** __________________________________________

**Site Director’s Signature:** __________________________________________

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<table>
<thead>
<tr>
<th>How many minutes did you observe the Teaching Artist in class?</th>
<th>□ &gt;60</th>
<th>□ 46-60</th>
<th>□ 31-45</th>
<th>□ 16-30</th>
<th>□ 1-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many students were present during your observation?</td>
<td>□ &gt;20</td>
<td>□ 16-20</td>
<td>□ 11-15</td>
<td>□ 6-10</td>
<td>□ 1-5</td>
</tr>
<tr>
<td>The number of students engaged during the sessions I observed.</td>
<td>□ all</td>
<td>□ most</td>
<td>□ many</td>
<td>□ some</td>
<td>□ none</td>
</tr>
</tbody>
</table>

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The artist is punctual. [ ] yes [ ] somewhat [ ] no

The artist is prepared. [ ] yes [ ] somewhat [ ] no

The artist exhibits competent classroom management skills. [ ] yes [ ] somewhat [ ] no

The activities presented were age-appropriate. [ ] yes [ ] somewhat [ ] no

The activities were creative/innovative. [ ] yes [ ] somewhat [ ] no

The activities met your expectations. [ ] yes [ ] somewhat [ ] no

The artist adheres to the schedule outlined on the Confirmation Form. [ ] yes [ ] somewhat [ ] no

The artist is available, responds quickly and is often in touch with you. [ ] yes [ ] somewhat [ ] no

The artist is courteous and cooperative with you and your staff. [ ] yes [ ] somewhat [ ] no

Please rate the students’ responses to this course. [ ] 5(high) [ ] 4 [ ] 3 [ ] 2 [ ] 1(low)

Would you request this IU again? [ ] yes [ ] probably [ ] maybe [ ] unlikely [ ] no

Comments: (Please be as **specific** as possible.)

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How could we improve this Instructional Unit?

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THIS FORM IS **NOT** CONFIDENTIAL AND SHOULD BE RETURNED TO CCE VIA THE TEACHING ARTIST.