



Revised 8.2014

CADRE Evaluation by Site Director

Teaching Artist: _____

Instructional Unit: _____

Site Name: _____ Date: _____

Site Director's Name: _____

Site Director's Signature: _____

How many minutes did you observe the Teaching Artist in class?	<input type="checkbox"/> >60	<input type="checkbox"/> 46-60	<input type="checkbox"/> 31-45	<input type="checkbox"/> 16-30	<input type="checkbox"/> 1-15
How many students were present during your observation?	<input type="checkbox"/> >20	<input type="checkbox"/> 16-20	<input type="checkbox"/> 11-15	<input type="checkbox"/> 6-10	<input type="checkbox"/> 1-5
The number of students engaged during the sessions I observed.	<input type="checkbox"/> all	<input type="checkbox"/> most	<input type="checkbox"/> many	<input type="checkbox"/> some	<input type="checkbox"/> none

- 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.)

How could we improve this Instructional Unit?
