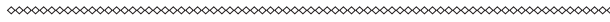




CAP PARTICIPANT EVALUATION FORM

California Institute of the Arts Community Arts Partnership (CAP)



As a student participant in the Community Arts Partnership (CAP) workshops, you had a unique opportunity to learn from CalArts students, faculty and artists at community centers and schools. Your thoughts about the programs are very important to us. We will use your ideas and input in planning future sessions.

FIRST NAME: LAST NAME: DATE:

DATE OF BIRTH: SCHOOL:

QUESTIONNAIRE



1. Which CAP program/programs did you participate in and which art form?

2. Where did your CAP class take place? *(name of community center or school)*

3. How did you hear about the workshops?

Friend

Local Arts Organization

Parent

Teacher

Newspaper

Class Schedule

School

Flyer

Other _____

4. What new ideas or skills did you learn through the workshop?

5. What was the most memorable experience you had during the program?

6. What was your favorite learning experience?

7. What would you tell new students about this class?

8. What do you think about your instructors?

9. What other arts training classes would you like to participate in?

10. Please list any improvements we can make for the next session.

11. Would you participate in this program again?

12. Are you thinking of applying to college? If yes, which ones?

13. Additional comments:

*Please feel free to use a separate page for more extensive answers.

Please return this form to your CAP instructor or fax or mail to CAP at:
CalArts Community Arts Partnership (CAP)
24700 McBean Parkway
Valencia, CA 91355
Fax: 661 222 2726