

PARTICIPANT EVALUATION FORM

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 _____ Student Date of Birth _____

School _____

Which CAP program/programs did you participate in?

- | | |
|--|--|
| <input type="checkbox"/> Art-in-the-Park Music | <input type="checkbox"/> Plaza de la Raza Theatre |
| <input type="checkbox"/> ArtsCOOL/Art form _____
& High School _____ | <input type="checkbox"/> San Fernando Gardens Community Center/
Sony Pictures Media |
| <input type="checkbox"/> Banning's Landing/Sony Pictures Media Arts | <input type="checkbox"/> Santa Clarita Photography |
| <input type="checkbox"/> CalArts Digital Media | <input type="checkbox"/> Santa Clarita World & Chamber Music |
| <input type="checkbox"/> Center for the Arts, Eagle Rock/Sony Pictures
Media Arts | <input type="checkbox"/> Self-Help Graphics Digital Media |
| <input type="checkbox"/> Inner-City Arts Elementary Animation | <input type="checkbox"/> Taking the Reins Writing |
| <input type="checkbox"/> Inner-City Arts High School Animation | <input type="checkbox"/> Visual Communications/Bell High School
Video Production |
| <input type="checkbox"/> My Friend's Place Writing | <input type="checkbox"/> Watts Towers Jazz & World Music |
| <input type="checkbox"/> LACPS Photography | <input type="checkbox"/> Watts Towers/ Sony Pictures Media Arts |
| <input type="checkbox"/> Plaza de la Raza Dance | <input type="checkbox"/> Watts Towers Piano |
| <input type="checkbox"/> Plaza de la Raza Music | <input type="checkbox"/> William Reagh/ Sony Pictures Media Arts |
| <input type="checkbox"/> Plaza de la Raza Puppet Theatre | |

How did you hear about the workshops?

- | | | |
|----------------------------------|--|---|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Local Arts Organization | <input type="checkbox"/> Class Schedule |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other |
| <input type="checkbox"/> School | <input type="checkbox"/> Flyer | |
| | <input type="checkbox"/> Parent | |

please fill out both sides>

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

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

What was your favorite learning experience?

What would you tell new students about this class?

What do you think about your instructors and/or teaching assistants?

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

Please list any improvements we can make for the next sessions.

Would you participate in this program again? Are you thinking of applying to college? If yes, which ones?

Additional comments:

Thank you for your feedback.
Please return this form to:

**Community Arts Partnership
California Institute for the Arts
24700 McBean Pkwy
Santa Clarita, Ca 91355
Tel: (661) 222-2708
Fax: (661) 222-2726
email: cap@calarts.edu**

Please feel free to use a separate page for more extensive answers. Updated 4/19/07

