

Art Program Student Evaluation

STUDENT FORM

Please let us know what you think about [the art program]. Circle the picture that shows your answer best. Give the paper to your teacher when you are done.

NAME: _____

DATE: _____ AGE: _____

	YES	MAYBE	NO
1. [Program Name] is a good program.			
2. I learn about new things at [Program Name].			
3. The [Program Name] teachers teach me about art.			
4. The [Program Name] teachers help me with my homework.			
5. I learn how to treat others better at [Program Name] .			
6. My family is glad that I am in [Program Name] .			
7. [Program Name] is fun.			
8. I want to go back to [Program Name] next year.			

9. My favorite part of [Program Name] is:

10. The art project I liked the most was:
