



Delaware Division of the Arts

On-Site Evaluation Form - Page 1

Thank you for assisting the Delaware Division of the Arts (DDOA) by evaluating arts events and programs supported with public funds. Your input is important to us. We will incorporate your evaluation into the materials reviewed by citizen panels during the grant review process. **Complete this form in Adobe Reader. Do not use Mac's Preview or your work will not be saved.**

Name/Title of Presentation:			
Presenting Organization:			
Location of Presentation:			
Date of Event/Observation:		Size of Audience:	Seating Capacity:

Briefly describe the audience composition (i.e., age, ethnic diversity, disabilities...)

Information about the evaluator:

Do you have formal training in an art discipline? Yes No If yes, specify: _____

Check any areas in which you have professional experience.

- Arts discipline (practicing artist)
 Arts organization administration
 Sales/Marketing
 Education
 Non-arts organization administration
 Management

Information about the event: Briefly describe the arts activity. Include, if applicable, any special purpose or context for the event/activity.

Complete the following grids and comment boxes as thoroughly as possible. If a particular category does not apply, or you do not have sufficient information for a response, check *N/A*.

1. QUALITY OF ARTISTIC PRODUCT/PROCESS	Excellent	Good	Fair	Poor	N/A
Participating artist(s)	<input type="checkbox"/>				
Overall product/process (performance, exhibit, activity)	<input type="checkbox"/>				
Appropriateness of the venue for the artistic presentation	<input type="checkbox"/>				

List any specific strengths or weaknesses of the event/activity, as they relate to **QUALITY OF ARTISTIC PRODUCT/PROCESS**

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2. OUTREACH/AUDIENCE SERVICES	Excellent	Good	Fair	Poor	N/A
Audience engagement/response to the event/activity	<input type="checkbox"/>				
Written materials to support the artistic presentation	<input type="checkbox"/>				
Accessibility for people with physical disabilities	<input type="checkbox"/>				
Accommodations for people with a sight/hearing disability	<input type="checkbox"/>				

List any specific strengths or weaknesses of the event/activity, as they relate to **OUTREACH/AUDIENCE SERVICES**

3. LOGISTICAL SUPPORT FOR THE EVENT/ACTIVITY	Excellent	Good	Fair	Poor	N/A
Technical (Acoustics, Sound, Lighting)	<input type="checkbox"/>				
Mounting (Visual Arts only)	<input type="checkbox"/>				
Punctuality, ticket collection, seating people	<input type="checkbox"/>				
Clearly marked exits, restrooms	<input type="checkbox"/>				
Audience comfort (adequate seating, adequate space)	<input type="checkbox"/>				
Appropriateness of admission charge	<input type="checkbox"/>				

List any specific strengths or weaknesses of the event/activity, as they relate to **LOGISTICAL SUPPORT**

Check here if:

- The sponsor gave credit to the **Delaware Division of the Arts** for this project
- The sponsor solicited feedback about the event/activity from the audience through surveys or evaluations
- You observed any of the organization's promotional ads or marketing efforts prior to this event

List any additional comments about the event/activity and its benefits to the community

Evaluator name (optional)

Phone/email

Date