|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Presenter Development: Performance Evaluations FY2023** | | | | | |  |
|  | **FORM A** | | | | | |  |
|  | **INSTRUCTIONS** | Please only edit WHITE cells. Totals are automatically calculated. When finished, select "Save As" and rename your document. You may submit this form as an excel file or PDF. | | | | |  |
|  | **Organization** |  | |  |  |  |  |
|  | **City/Town** |  | |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **Company/Artist** |  | | Complete one (1) FORM A for each engagement supported by the Presenter Development program |  |  |  |
|  | **Number of Artists in Group** |  | |  |  |  |
|  | **Date(s) of Events** |  | |  |  |  |
|  | **Specific communities served** |  | |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **ACTIVITY** | **NO. OF EVENTS** | **ADMISSION PRICE RANGE** | **ATTENDANCE** |  |  |  |
|  | Public performance |  |  |  |  |  |  |
|  | Residency activity |  |  |  |  |  |  |
|  | - school performance |  |  |  |  |  |  |
|  | - workshop |  |  |  |  |  |  |
|  | - master class |  |  |  |  |  |  |
|  | - lecture-demonstration |  |  |  |  |  |  |
|  | - other: |  |  |  |  |  |  |
|  | - other: |  |  |  |  |  |  |
|  | **TOTALS** | **0** |  | **0** |  |  |  |
|  |  |  |  |  |  |  |  |
|  | **Please characterize the audience for your public performance by percentage.** | | | |  |  |  |
|  | **AGE (required)** | **%** | **OTHER DEMOGRAPHICS (if data is available).** | **%** |  |  |  |
|  | Children |  | Handicap |  |  | *No total necessary for DEMOGRAPHIC percentages. Demographic categories may overlap with each other.* |  |
|  | Adults |  | Ethnic minority |  |  |  |
|  | Senior Citizens |  | Other: |  |  |  |
|  | **Total ( = 100)** | **0%** | Other: |  |  |  |
|  |  |  | Other: |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Did you target any specific group with this performance? | |  |  |  |  |  |
|  | If yes, please describe the target group: | |  |  |  |  |  |
|  |  | | | | | |  |
|  | Was this a block-booked event? | |  |  |  |  |  |
|  | If yes, name the organizations/towns in the block: | |  |  |  |  |  |
|  |  | | | | | |  |
|  |  |  |  |  |  |  |  |
|  | **Select your responses on the quality of this engagement (1 = low, 5 = high, or N/A)** | | | |  |  |  |
|  | Promotional material quality | |  |  |  |  |  |
|  | Timeliness of promotional materials | |  |  |  |  |  |
|  | Communication with management (if applicable) | |  |  |  |  |  |
|  | Contract/rider compatible with your organization/community | |  |  |  |  |  |
|  | Artist professionalism | |  |  |  |  |  |
|  | Technical crew professionalism (if applicable) | |  |  |  |  |  |
|  | Technical set-up compatible with venue | |  |  |  |  |  |
|  | Performance started/ended on time | |  |  |  |  |  |
|  | Quality of performance | |  |  |  |  |  |
|  | Audience reception | |  |  |  |  |  |
|  | Attendance for this event | |  |  |  |  |  |
|  | Appropriateness of performance venue for this artist | |  |  |  |  |  |
|  | Quality of outreach activities | |  |  |  |  |  |
|  | **Please summarize your overall response to this engagement. Specify any compelling positive or negative factors not covered elsewhere and explain any circumstance you believe to be of particular interest.** | | | | | |  |
|  |  | | | | | |  |
|  |  | | | |  |  |  |
|  |  | | | |  |  |  |
|  | **Optional: Please provide testimonials from audience members, students, teachers, presenter staff, or other individual impact by this engagement. TESTIMONIALS ARE EXTREMELY HELPFUL IN GRANT REQUESTS AND REPORTING.** | | | | | |  |
|  | Testimonial 1 (include Name and indicate audience/student/teacher/etc.) | | | |  |  |  |
|  |  | | | | | |  |
|  | Testimonial 2 (include Name and indicate audience/student/teacher/etc.) | | | |  |  |  |
|  |  | | | | | |  |
|  | Testimonial 3 (include Name and indicate audience/student/teacher/etc.) | | | |  |  |  |
|  |  | | | | | |  |
|  | *Additional testimonials are always welcome. Additional testimonials may be submitted in a separate document (Word, PDF, etc.)* | | | | | |  |
|  | Signature (type for electronic submissions) |  | | Date | |  |  |
|  | Print Name |  | |  |  |  |  |
|  | Title |  | |  |  |  |  |
|  | E-mail address |  | | Phone | |  |  |
|  |  |  |  |  |  |  |  |