|  |  |  |
| --- | --- | --- |
|   | **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 |   |   |
|   |   |   |   |   |   |   |   |