

ARTS IN MEDICINE/ARTS FOR ELDER'S PROGRAM EVALUATION FORM

Program _____ **Program**
Date(s): _____ **Name:** _____

We hope you, your staff and the residents/patients who attend your facility enjoyed this live performance/ in-service workshop. Thank you for completing the following survey. Your input helps us in securing future funds so that we may continue to provide arts experiences for facilities such as yours.

1. Approximately how many people experienced this program? _____ Who attended the program? Where there any staff members, visiting guests, others? _____

2. How many total performances took place? _____. Where did the performance(s) take place? _____

3. How would you rate the artistic level of this program?

1 2 3 4 5 6 7
poor satisfactory excellent

4. How would you rate the audience reaction to the program?

1 2 3 4 5 6 7
poor satisfactory excellent

5. How would you rate the effect of the program on the overall emotional/physical health of the individuals who saw the performance?

1 2 3 4 5 6 7
poor satisfactory excellent

6. We would appreciate your comments on the strengths and weaknesses of the program.

Your Name/Position

Facility

Please mail completed evaluation to Raquel Fruchter or Lynn Norton, Arts Council of Hillsborough County, 1000 N. Ashley Drive, Suite 105, Tampa, FL 33604, or Fax to us at: 276-8260