



**ARTS IMPACT 2015-16**

**STEM – Arts Infused Learning (SAIL) Project  
MENTORSHIP EVALUATION FOR TEACHERS**

Teacher Name:

School:

Classroom Teacher: \_\_\_\_\_ Specialist: \_\_\_\_\_ (check one) Specialist Area: \_\_\_\_\_

Artist/Mentor Name:

Lesson Title:

Grade Level:

(If you are a specialist and taught your arts lessons to a particular grade level please indicate that above. If you taught to a range of grade levels, please indicate the range).

**Classroom Mentorships**

1. Describe the **LESSON PLANNING** in a few words or a couple of sentences.

2. Describe the **LESSON TEACHING** process in a few words or a couple of sentences.

3. Describe the **ASSESSMENT PROCESS** in a few words or a couple of sentences.

In a few brief sentences, **DESCRIBE YOUR MENTORSHIP, ARTIST-MENTOR/TEACHER ROLES AND RELATIONSHIPS,** and any **CHANGES IN YOUR ARTS TEACHING.**

**Once all sections have been completed, please either email the form to Audrey Otto at [aotto@psed.org](mailto:aotto@psed.org) or fax it to 425-917-7810. Thank you.**