



# Portsmouth Area Arts Council PERFORMANCE SURVEY - 2008/09

Please take a few minutes to fill out this brief survey after attending a performance. We will use this data in planning for next year's productions, and for reporting back to our grant funding sources.

1. Name of Performance: \_\_\_\_\_ Time: \_\_\_\_\_

2. How did you hear about this performance? \_\_\_\_\_

3. Was this performance enjoyed & appropriate for your students?    \_\_\_Yes    \_\_\_ No

Please give your comments: \_\_\_\_\_

\_\_\_\_\_

4. How many students from each ethnic group attended today's performance?

\_\_\_ American Indian/Alaskan Natives

\_\_\_ Hispanics/Latinos

\_\_\_ Asians

\_\_\_ Native Hawaiians/Pacific Islanders

\_\_\_ Blacks/African Americans

\_\_\_ Appalachians

5. How many the students who attended have a disability? \_\_\_\_\_

6. What are the main barriers that keep your class(es) from attending performances? Check any that apply.

\_\_\_ Location of performance

\_\_\_ Teacher information not helpful

\_\_\_ Admission Price

\_\_\_ Release time for students

\_\_\_ Busing

\_\_\_ Times of performance (your preference: \_\_\_\_\_)

\_\_\_ Other (please specify) \_\_\_\_\_

8. What would enhance arts education for your students? Check any that apply.

\_\_\_ Artist in Residence experiences

\_\_\_ Workshops for teachers

\_\_\_ Teaching packets on loan

\_\_\_ Assistance in arts grant writing

\_\_\_ Student and Public performances

\_\_\_ Performances in schools

9. Which of the following performance titles (grades in parenthesis) would you be interested in attending?

Please rank them by numbers 1 - 4, with 1 being the most likely to attend.

\_\_\_ "Four Score and Seven Years Ago" (3-8) by ArtsPower

\_\_\_ "If you Give a Pig a Pancake and other story books" (PreK-4) by TheatreWorksUSA

\_\_\_ "Puss In Boots" (PreK-4) - by Bits N Pieces Puppet Theatre

\_\_\_ Beatrix Potter's "The Tailor of Gloucester" (K-5<sup>th</sup>) by TheatreIV

Teacher's Name: \_\_\_\_\_ grade level: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

\_\_\_ Please add my name to your mailing list.

Please return this form after the performance, or send by mail, FAX or e-mail to: [mdcoppoletti@shawnee.edu](mailto:mdcoppoletti@shawnee.edu)

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