

PERFORMER EVALUATION FORM
EVERY HERO HAS A STORY - 2015

This form MUST be returned for your library to be eligible for a performer grant next year.

Library _____

Address _____

_____ Zip _____

Performer _____

Date of performance: _____ Place of performance: _____

1. Were the performers on time and was the program well planned?

2. Did the performance relate to the theme of **Every Hero Has a Story**?

3. How did the audience respond, both children and adults?

4. How many children in the audience? _____ adults? _____

5. Would you have this performer (these performers) again?

6. Please rate the performance: _____ excellent, _____ good, _____ fair, _____ poor
Specific comments/critique:

7. Do you have any suggestions of additional performers for next summer when the theme will be wellness/fitness/sports?

Please sign: _____ Position: _____

Please return within **one month** of the performance to:

Sharon Colvin, Youth Services Consultant

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