

THE ELIXIR OF LOVE
EVALUATION FORM FOR MUSIC TEACHERS

(PLEASE USE BACK OF SHEET IF NECESSARY)

Name of School _____

Teacher's Name (optional) _____

Number of students _____ What grades participated? _____

1. General (students, faculty) response to the program:

2. Chorus students' experience:

3. Your response to the program:

4. Teaching Materials: Comments or suggestions (use back of sheet) for the:
 a.) Tutorial Videos b.) Teacher's Guide c.) Student Handbook d.) Libretto e.) Evaluations

5. To whom did you teach the songs? (Whole school? Fourth Grade?)

6. Do you have any follow-up activities planned? (Topical discussions? Projects?)

7. What are the benefits of Opera for the Young to your music education program?

8. Do you have any suggestions to make future OFTY programs more effective for you and your students?

9. Would you like to utilize OFTY's programs each year? If so, are there specific reasons that prevent it?

THE ELIXIR OF LOVE
KINDERGARTEN EVALUATION
(PLEASE USE BACK OF SHEET IF NECESSARY)

Name of School _____

TEACHERS: Please “interview” your students and share answers with us --- either a composite view (numbers or summary of responses) and/or specific quotes (enthusiastic, critical, funny ... whatever you want to send along) that we may use in our grant proposals, final reports, newsletters, etc..

1. Did you like the program?

2. What did you think of the:

- singing and acting?
- piano playing?
- costumes and scenery?

3. Would you like to see another opera?

Why?

4. Who was your favorite character in *The Elixir of Love*?

5. What part did you like best in *The Elixir of Love*?

6. If you could work for the opera, what job would you like to do? (singer, instrument player, costume designer, film producer, writer, director). Why?

7. Is there anything else you would like to tell us?

8. If you would like, please have students draw a picture of their favorite part of *The Elixir of Love*.

THE ELIXIR OF LOVE
EVALUATION FORM FOR STUDENTS (GRADES 1-2)

(PLEASE USE BACK OF SHEET IF NECESSARY)

Name of School _____ Grade _____

Your Name (optional) _____

Please circle your answer.

- | | | |
|--|-----|----|
| 1. Was this your first opera? | YES | NO |
| 2. Did you like the program? | YES | NO |
| 3. Did you sing or speak the chorus parts? | YES | NO |
| 4. Do you like to sing? | YES | NO |
| 5. Would you like to see another opera? | YES | NO |
| 6. Would you like to be in an opera? | YES | NO |

7. Who was your favorite character in the opera? _____

Why? _____

8. What was your favorite part in the opera? _____

9. If you could work for the opera, what job would you like to do? (singer, instrument player, costume designer, scenery builder, writer, director, composer). Why? _____

***If you would like, please draw a picture about *The Elixir of Love* on the back of this sheet.

THE ELIXIR OF LOVE
EVALUATION FORM FOR STUDENTS (GRADES 3-5)

(PLEASE USE BACK OF SHEET IF NECESSARY)

Name of School _____ Grade _____

Your Name (optional) _____

Please circle your answer.

- | | | |
|--|-----|----|
| 1. Was this your first opera? | YES | NO |
| 2. Did you like the program? | YES | NO |
| 3. Did you sing or speak the chorus parts? | YES | NO |
| 4. Do you like to sing? | YES | NO |
| 5. Would you like to see another opera? | YES | NO |
| 6. Would you like to be in the opera? | YES | NO |

7. Who was your favorite character in the opera? _____

Why? _____

8. What was your favorite part in the opera? _____

9. If you could work for the opera, what job would you like to do? (singer, instrument player, costume designer, film producer, writer, composer, director). Why? _____

10. Is there anything else you would like to tell us? _____

If you would like, please draw a picture about *The Elixir of Love* on the back of this sheet.

THE ELIXIR OF LOVE
EVALUATION FORM FOR STUDENTS (GRADES 6-12)
(PLEASE USE BACK OF SHEET IF NECESSARY)

Name of School _____ Grade _____

Your Name (optional) _____

In the space below, please write a few brief paragraphs telling us what you thought of *The Elixir of Love*. Comments might include your thoughts about the music and words, vocal/dramatic/piano performances, costumes & props, film production, use of student chorus, etc. What did you like? Was there anything you didn't like? Did seeing this program change your impression of opera?

We're interested in hearing your comments and suggestions. If there's anything we could do to make future productions better for you and your friends, please let us know. Thanks!

THE ELIXIR OF LOVE
EVALUATION FORM FOR CLASSROOM TEACHERS & STAFF
(PLEASE USE BACK OF SHEET IF NECESSARY)

Name of School _____

Teacher's Name (optional) _____

Number of students _____ What grades participated? _____

1. What was your students' response to the program? (positive/negative, reasons)

2. What was your response to the program?

3. Did you use any of the **Teaching Materials** (synopsis, suggested activities/discussions) that Opera for the Young sent to your music teacher? Comments?

4. Will you do any follow-up activities?

5. Do you have any suggestions to make future OFTY programs more effective for your students?

6. Additional comments:

THE ELIXIR OF LOVE
EVALUATION FORM FOR RESIDENCIES/PUBLIC PERFORMANCES
(PLEASE USE BACK OF SHEET IF NECESSARY)

Service Location _____

Name, Title (optional) _____

Type of Service: (please circle)

Class Chats Masterclass Public Performance Opera for the Young at Heart (Senior Communities)

1. What was the participants' response to the program?

2. What was your response to the program?

3. Did you use any of the **Teaching Materials** (synopsis, suggested activities/discussions) that Opera for the Young sent?
Comments?

4. Will you do any follow-up activities?

5. Do you have any suggestions to make future OFTY programs more effective for your participants?

6. Additional comments: