



**Professional Development in the Arts
Opera by Children *Infinity Event* Teacher Evaluation**

OPERA by CHILDREN

Utah Festival Opera Company Opera By Children

Date: _____

Name _____ SS # _____

CACTUS Number _____

District and School _____ School Tel Number _____

Home Address _____

City, State, Zip code _____

E-Mail Address _____

When the opera experience is completed, I request that Utah Festival Opera (select one) -

- Send certificate for (up to) 30 Relicensure Points _____
- ** Enter two State Inservice Credits on CACTUS _____
- ** Provide University registration information (2 credits) _____

PRE ASSESSMENT

1. Grade Level _____
2. Number of Students in the class _____
3. Number of
 - Developmentally delayed (social) _____
 - Academically delayed _____
 - Gifted and talented _____
 - "Normal" _____
4. Does the class seem to work well together (as a group) and individually? _____
5. What will be your greatest challenges this year? _____
6. Do you expect the opera experience to benefit the class in any specific ways? If so, what? _____

Complete and return to:

Susan Ames, Education Director
Utah Festival Opera Company
59 South 100 West
Logan, Utah 84321

Or email: ames@ufoc.org