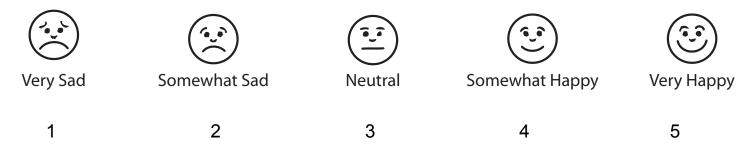
Artist's Name:			st Feedback	
Artist's Name: Your Name: OMA Project Name: _		_ Date: Site:		
1.Which face sl	hows how you f	eel right n	ow?	
BEFORE				
Very Sad	Somewhat Sad	Neutral	Somewhat Happy	Very Happy
1	2	3	4	5
	id you enjoy too Some	_		
	id you enjoy tal Some		er people during Not at all	art class?
4. How often ware All the time			ver you wanted d Never	luring art class?

5. How much do you like your finished artwork?Very muchSomewhatNot at all

6. Do you think that your time was well spent?
Yes
Somewhat
No

7. Which face shows how you feel right now? AFTER



TO BE COMPLETED BY VOLUNTEERS:

8.	How appropriate was today's activity for your partner?	Ver app 5	y ropriate 4	e 3	2	Not at all 1
9.	Overall, how would you rate this activity?	Exc 5	ellent 4	3	2	Poor 1

10. Quotable quotes from your partner today and/or comments: