

# OMA Session Artist Feedback

Artist's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Your Name: \_\_\_\_\_ Site: \_\_\_\_\_  
OMA Project Name: \_\_\_\_\_

1. Which face shows how you feel right now?

BEFORE



Very Sad

1



Somewhat Sad

2



Neutral

3



Somewhat Happy

4



Very Happy

5

2. How much did you enjoy today's art project?

Very much

3

Somewhat

2

Not at all

1

3. How much did you enjoy talking to other people during art class?

Very much

3

Somewhat

2

Not at all

1

4. How often were you able to do whatever you wanted during art class?

All the time

3

Sometime

2

Never

1

5. How much do you like your finished artwork?

Very much  
3

Somewhat  
2

Not at all  
1

6. Do you think that your time was well spent?

Yes  
3

Somewhat  
2

No  
1

7. Which face shows how you feel right now?

AFTER



Very Sad

1



Somewhat Sad

2



Neutral

3



Somewhat Happy

4



Very Happy

5

**TO BE COMPLETED BY VOLUNTEERS:**

8.	How appropriate was today's activity <b>for your partner?</b>	Very appropriate 5	4	3	2	Not at all 1
9.	Overall, how would you rate this activity?	Excellent 5	4	3	2	Poor 1

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