***OHIO COMMUNITY THEATRE ASSOCIATION***

***RESPONDER EVALUATION***

**REGION State Conference DATE August 31-September 2, 2019**

**Are you affiliated with a participating company? YES ❑ NO ❑**

Given the conditions under which the response was delivered, please evaluate the responders using the following numbering system listed below.

 **(1=Poor, 2=Fair, 3=Good, 4=Very Good, 5=Outstanding).**

 **Teal Ribbon Red Ribbon Yellow Ribbon**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **THE RESPONDERS:**A. Focused on the producing group - acknowledging its dignity and capability.B. Effectively communicated by establishing an appropriate rapport communication.C. Was open-minded, honest, and was responsive to the group's work.D. Was knowledgeable, and provided an accurate, critically relevant response.E. Opened up new awareness and alternate possibilities in a constructive manner.F. Was clear, thorough and appropriately specific.Would you use this person as a responder at another festival? *(If no, please explain.)* |  | **Michael Ellison**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_YES ❑ NO ❑ |  |  **Teri Spencer**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_YES ❑ NO ❑ |  |  **Betsy Willis**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_YES ❑ NO ❑ |

COMMENTS: (*please use the reverse side for additional comments.*)

OHIO COMMUNITY THEATRE ASSOCIATION

2019 ANNUAL CONFERENCE EVALUATION

"SEASONS OF LOVE"

I am actively involved with one of the performing companies at this festival as a cast member,

Crew person, director, musician or choreographer. Yes \_\_\_ No \_\_\_

For Grant Reporting only: (please check those that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Caucasian |  | African American |  | Latino/Hispanic |  |
| Native American |  | Appalachian |  | Seniors 62+ |  |
| Asian |  | Two or More Races |  | Disabled |  |

1. I have attended STATE OCTA Conferences?

 1st OCTA Conference \_\_\_\_\_ 2–5 OCTA Conferences \_\_\_\_\_ 5-10 OCTA Conferences \_\_\_\_\_

 10 – 20 Conferences \_\_\_\_\_\_ 21 – 30+ Conferences \_\_\_\_\_\_

2. How many workshops did you attend this year?

 None \_\_\_\_\_\_\_ 1 – 3 Workshops \_\_\_\_\_\_\_ 4 - 6 Workshops \_\_\_\_\_\_\_ 6+ Workshops \_\_\_\_\_\_\_\_

3. How many excerpts did you see this year?

 None \_\_\_\_\_ All 16 Excerpts \_\_\_\_ 1-5 Excerpts \_\_\_\_ 6-10 Excerpts \_\_\_\_ 11-16 Excerpts \_\_\_\_

4. Which registration package did you select? Full \_\_\_\_\_\_ Daily \_\_\_\_\_\_ Excerpt Only \_\_\_\_\_\_

5. What did you like most at conference? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. CONFERENCE FORMAT: (PLEASE CIRCLE APPROPRIATE NUMBERS)

 (Excellent – 5; Very Good – 4; Good – 3; Fair – 2; Poor – 1; Not Applicable - N/A)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Location/Hotel: | 5 | 4 | 3 | 2 | 1 | NA | Prior Information: | 5 | 4 | 3 | 2 | 1 | NA |
| Location/Hotel: | 5 | 4 | 3 | 2 | 1 | NA | Workshops: | 5 | 4 | 3 | 2 | 1 | NA |
| Excerpt Schedule: | 5 | 4 | 3 | 2 | 1 | NA | Sunday Banquet: | 5 | 4 | 3 | 2 | 1 | NA |
| Late Night Activities | 5 | 4 | 3 | 2 | 1 | NA | Awards Brunch: | 5 | 4 | 3 | 2 | 1 | NA |

7. My overall conference experience was:

 Excellent \_\_\_\_\_\_ Very Good \_\_\_\_\_\_ Good \_\_\_\_\_\_ Fair \_\_\_\_\_\_ Poor \_\_\_\_\_\_

8. **FOR THEATRE DELEGATES ONLY**: Use numbers to evaluate

 (Excellent – 5; Very Good – 4; Good – 3; Fair – 2; Poor -1; Not Applicable – N/A)

 Business Meeting: 5 4 3 2 1 N/A Meal: 5 4 3 2 1 N/A

 Board Election: 5 4 3 2 1 N/A Enough Time: 5 4 3 2 1 N/A

COMMENTS:

**Return forms to the OCTA office at: 464 Sherwood Downs Rd S. Newark, OH 43055 by 9/25/19**