

Art on the Farm: Student Questionnaire Page 1

This questionnaire must be completed and returned to Cow House Studios by May 1st, 2019.

Cow House Studios,
Ballybawn, Rathnure, Enniscorthy,
Co. Wexford, Ireland

Student Name: _____

Art

What is your favorite way of making art (photo, painting, drawing, etc)?

What is the most memorable art project you ever worked on? _____

What kind of art do you like? Name a few artists. _____

What are you most looking forward to learning at the Cow House this summer? _____

What drawing materials do you like to use? _____

Have you taken life drawing classes? When? _____

Have you ever used oil paint? _____

Or acrylic paint? _____ Water colors? _____

Are you interested in working on a portfolio this summer? For any college/ university in particular? _____

Computer and Camera Experience

Do you use a mac or a pc? _____

Have you ever used Adobe Photoshop? _____

Adobe Premiere? _____ iMovie? _____

Are there any other kinds of software you use to make art? _____

Will you be bringing your own camera this summer? What brand? What model? _____

Have you ever used a manual film camera before? If yes, when? How often? _____

Have you ever printed in a darkroom? If yes, describe your previous experience. _____



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Food

What are your favorite foods? _____

What are your least favorite foods? _____

On a scale of 1 to 10 how adventurous an eater are you? Where 1 is "I know what I like and I like what I know" and 10 is "I'll try anything at least once" _____

Do you like spicy food? _____

Your ideal day of food would include: _____

for breakfast: _____

for lunch: _____

for dinner: _____

for snacks: _____

Do you have any food allergies/ dietary requirements? _____

Are you vegetarian or vegan? _____

Fun

What are you most excited about this summer? _____

What recreational activities do you enjoy? _____

What's your favorite movie/s _____

What's your favorite bands/ music? _____

Do you play any sports? _____ If yes, which sports? _____

Do you enjoy physical recreation? _____

Can you swim? _____

Can you ride a bicycle? _____

Room Sharing

Have you ever shared a room before? _____

How many family members do you live with? _____

Have you ever lived away from home before? Where? How Long? _____

Do you consider yourself a social or a private person? _____

Are you a heavy or a light sleeper? _____

Do you have any concerns about sharing a room? _____

