

# Application Packet



- 1. School Application**
- 2. School Commitment Form**
- 3. Artist Contract**
- 4. Student Waiver Form**
- 5. Final Report Form (due 30 days following completion of the Residency)**

## Collaborating Artist Program APPLICATION CHECKLIST - SCHOOLS

The following is a list of items schools need to provide to ensure the eligibility and completeness of CAP applications. Failure to meet the requirements listed may result in having the application returned without processing or review.

### ALL APPLICANTS:

\_\_\_ Section A must have Legislative District information. To obtain this information visit the following websites:

**For State Senate District**

<http://www.legislature.state.al.us/house/house.html>

**For State Representative District**

<http://www.legislature.state.al.us/senate/senate.html>

**For U.S. Congressional District**

[http://www.senate.gov/general/contact\\_information/senators\\_cfm.cfm?State=AL](http://www.senate.gov/general/contact_information/senators_cfm.cfm?State=AL)

*If you do not have personal internet access, internet access is available at all public libraries.*

### SUPPORT MATERIALS REQUIRED

Use paper and binder clips only. Do not use staples, binders, notebooks or special presentation materials that must be disassembled to copy. Applications may be emailed as attachments as long as signatures have been affixed and scanned. Signatures of commitment are required by all parties involved.

\_\_\_ **School Commitment Form** (Provided in CAP Handbook) filled out and signed by each participating teacher and the officiating officer of the school (i.e. principal, headmaster)

\_\_\_ **Artist Contract** (Provided in CAP Handbook) from Collaborating Artist verifying the proposed dates of residency and artist fee. NOTE: Artist must be approved as a Collaborating Artist on the Council's School Artist Roster, or approved individually by the AIE Program Manager. You are asked to consult with AIE Program manager before booking an artist. Once an artist has been approved by the Council, please request any background checks as required by local school system. ASCA does not conduct background checks for artists.

### NO DEADLINE

We will begin accepting applications June 15, 2016  
for the 2016 - 2017 School Year

Please **do not** send in an application without consulting with the program manager below:

Diana F. Green, AIE Program Manager  
Alabama State Council on the Arts  
201 Monroe Street, Suite 110  
Montgomery, AL 30013-1800  
334-242-4076 Ext. 241  
[diana.green@arts.alabama.gov](mailto:diana.green@arts.alabama.gov)

Be sure to keep a copy of the application you submit for your files.  
Applications may be sent by FAX or email if signatures are scanned into the document.

**COLLABORATING ARTIST PROGRAM APPLICATION**

FOR USE BY PREK-12 SCHOOLS IN COLLABORATION WITH A QUALIFIED TEACHING ARTIST

STAFF USE	APPLICATION NUMBER	PROGRAM CODE	DATE RECEIVED
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**SECTION A APPLICANT INFORMATION**

<b>School System Name:</b> (Exactly as in STAARS)	
Address: (Exactly as in STAARS)	
City:	Zip Code:
Phone:	Fax:
County:	Superintendent:
CSFO (LEA Contact):	Phone Ext:
CSFO email:	
Federal (IRS) identification number:	

<b>School Name:</b>			
Check here if school is to be primary applicant (must be registered as individual school with separate federal identification number in STAARS.)			
Address:			
City:	Zip Code:		
Phone:	FAX:		
Principal:	Email:		
Federal (IRS) identification number: (if different from LEA)			
Legislative Districts	U.S. Congress	State Senate	State House
School Contact (Coordinator):			
Contact's Extension:	Mobile Phone:		
School Email:	Home Email:		

**SECTION B RESIDENCY INFORMATION**

Collaborating Artist:	
Daytime Phone:	Mobile Phone:
Primary Email:	Secondary Email:
Check Specialty (all that apply): Dance      Music      Theatre      Visual Arts Media Arts      Other _____	Check length of residency: <b>3 week residency</b> , requesting \$3,200 for artist fee <b>4 week residency</b> , requesting \$4,200 for artist fee

**SECTION C RESIDENCY PLANNING**

Planning Day Date Must be at least two weeks prior to beginning of residency	Residency Dates	From	To
In-Service Training Description and date	Community Sharing Description and date		

**Challenges you wish to address with arts collaboration (learning goals):**  
 School identifies learning goals in non-arts areas that have been challenging and may benefit from an artistic approach. Not every learning goal provides an opportunity for arts integration, so you may wish to include several options. Please use this space to discuss your hopes for the residency. Listing standards as well as concepts is helpful.

**SECTION D SCHOOL FINANCIAL COMMITMENT**

DESCRIPTION	Cost/person or item	Number	Total
<b>Substitute fees</b> Include total cost including benefits if required – Must be Cash Match*			
<b>Artist Housing (if required)</b> May be cash or in-kind Please indicate cash with a *			
<b>Arts Consumable Materials</b> May be cash or in-kind Please indicate cash with a *			
<b>Sharing Event Expenses:</b> May be cash or in-kind Please indicate cash with a *			
<b>Other:</b> Please list other related cash or in-kind expenses anticipated. Indicate cash with *			
<b>Total School Expenses/Match</b>			



## SECTION E ASSURANCES AND COMMITMENT TO RESIDENCY ACTIVITIES

1. School applicant agrees to facilitate the ***Collaborating Artist Program*** according to Guidelines and Requirements as stated in the *Collaborating Artist Program Handbook*, including but not limited to
  - a. a full day of curriculum planning,
  - b. one in-service workshop led by artist for entire faculty (optional)
  - c. daily classes and workshops led by artist and teachers in collaboration
  - d. a community sharing event for school and local community stakeholders.
2. School is responsible for facilitating paperwork required by the Council to receive funding in order to pay the artist.
3. School agrees to pay the artist in a timely fashion; no later than the final day of the scheduled residency.
4. The Council advises schools as they select artists, but often helps schools identify local artists that may provide additional support to the school at a later date. For this reason, the Council may not have any previous experience with specific artists. It is the responsibility of the school to interview artists, explore the best fit for their teachers and students, and run any background checks desired.
5. **School agrees to accept all liability** in regard to the collaborating artist. Artists are not screened or adjudicated by the Council and should never be left alone with students. Artists should never be instructing students or even in a room with students without an employed school staff member responsible and present.
6. School applicant agrees to facilitate the completion of pre and post surveys in a timely fashion as stated in the CAP Handbook. Additional documentation as evidence for program evaluation is requested.
7. School applicant will expend funds received as a result of this application solely for the artist fee required in this program. Additional expenses will be the responsibility of the school.
8. School applicant agrees to keep records of cash and in-kind expenses, and to report those expenses with accuracy, in a final report. Actual documentation is required, including a copy of check paid to artist, invoices, bank statements, letters indicating value of donated goods and services, etc.
9. School applicant agrees to file a final report within 30 days following the last activity of the residency.
10. Submission of this application signifies intention of compliance with Title VI of the Civil Rights Act of 1964, Labor Standards under Section 5(1) of the National Foundation of the Arts and Humanities Act of 1965, the Rehabilitation Act of 1973, Title III of the Age Discrimination Act of 1975, Title IX of the Education Amendments, the Americans with Disabilities Act and the Civil Rights Act of 1991 and signifies applicant to be a non-profit organization or an agency of a city, county, state or federal government to which donations are allowable as a charitable contribution under Section 170(c) of the Internal Revenue code.

***By signing this document, we indicate that we have read and agree to all the assurances under Section E (on the previous page) of this application.***

**Superintendent**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

**School Principal**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

**School Coordinator (ASCA Contact)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

**Chief School Financial Officer (LEA if primary applicant, or School if registered separately in STAARS)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Alabama State Council on the Arts  
Collaborating Artist Program

## SCHOOL COMMITMENT

To be completed by the school's authorizing official (Principal or District Official),  
and signed by all participating school personnel.

This letter is to confirm that I, \_\_\_\_\_, the authorizing official (Principal), at \_\_\_\_\_ School, and the school personnel listed below, have agreed to implement an integrated arts residency that follows the Guidelines as listed in the *Collaborating Artist Handbook* and includes participation in the activities to take place during the following proposed dates (I understand that these dates are proposed and that changes are possible with the agreement of all parties involved):

### PROPOSED SCHEDULE

Planning Date (must be at least two full weeks prior to residency start date): \_\_\_\_\_

Residency Start Date: \_\_\_\_\_ Residency End Date: \_\_\_\_\_

In-Service Date and Time: \_\_\_\_\_

Community Sharing Event Date and Time: \_\_\_\_\_

The teachers that will be collaborating with the artist are: (Name, grade level, subject, and signature)

1. \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_
2. \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_
3. \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_
4. \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_
5. \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

If approved for participation, I further understand that the financial commitment of the school to the program includes any substitute fees necessary to allow all the above personnel to attend a full day of planning with the collaborating artist. Materials and supplies for the activities will be provided by the school. School will also hold a community sharing event at its own expense. The Alabama State Council on the Arts will award a grant to the school for the entire artist fee. School will be responsible for writing a check to the artist at the times agreed upon in the Artist Contract, or no later than immediately upon completion of the residency.

I understand that the Council does not conduct background checks for artists and it is the sole responsibility of the school to have at least one qualified school employee in the room with the artist at all times. Artists must never be responsible for students at any time during the residency. Schools should conduct whatever back ground checks are appropriate and required of outside personnel for this residency.

**Optional.** Check here if applicable, and explain commitment as negotiated with artist. The school is prepared to cover travel expenses and lodging for the collaborating artist as explained below (Donations of room and board are allowed, if acceptable to the artist):

Name of Collaborating Artist: \_\_\_\_\_

Signature of Authorizing School Official:

\_\_\_\_\_ Date: \_\_\_\_\_

Collaborating Artist Program (CAP)  
**Alabama State Council on the Arts**  
 TEACHING ARTIST CONTRACT



Length of Residency:                      three weeks                      four weeks

Residency School: \_\_\_\_\_

School Principal: \_\_\_\_\_

Collaborating Artist: \_\_\_\_\_

School Coordinator: \_\_\_\_\_

**COLLABORATING TEACHERS**

Name	Grade Level/Subject

**DATES OF RESIDENCY** (These dates must occur between August 1 and June 1 of the current Fiscal Year.  
 Residency will begin on \_\_\_\_\_ and finish on \_\_\_\_\_

**DATE AND TIME OF PLANNING MEETING** (Must be at least two weeks prior to start date of residency and must include a full day of planning on school site; school agrees to secure substitutes to allow for every member of the collaborating teacher listed above to attend planning meeting.)

The planning meeting will occur on \_\_\_\_\_ starting at \_\_\_\_\_ and finishing at \_\_\_\_\_.

**DATE, TIME AND DESCRIPTION OF FACULTY IN-SERVICE** (60-90 minute workshop led by Collaborating Artist)

In-service will be led on \_\_\_\_\_ starting at \_\_\_\_\_ and finishing at \_\_\_\_\_.

Artist Agrees to provide workshop in: \_\_\_\_\_

Further description:

## PAYMENT SCHEDULE

Artist will be paid in full on the last day of the residency.

The Artist will receive half payment at the end of two weeks and the balance on the last day of the residency.

Other (agreed upon by both parties): \_\_\_\_\_

## ASSURANCES

Principal agrees to support the Collaborating Artist Program by facilitating activities required. Principal also agrees to complete the necessary paperwork (*Contract & Request for Payment*) for the grant in a timely fashion in order to pay the artist according to the payment schedule above. Principal agrees that if funding from the Council is late due to an untimely submission of *ASCA Contract & Request for Payment*, school funds will be used to pay the artist according to the schedule above. ASCA will reimburse the school for artist fee once paperwork has been submitted. Note: It may take three weeks or more to order checks from the state comptroller's office. Checks may not be ordered without a signed *ASCA Contract & Request for Payment* for CAP funds (separate from this contract).

### Principal

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

School Coordinator agrees to act as primary communication between artist, school and ASCA. Any changes in this schedule will be communicated to the artist and ASCA in a timely fashion.

### School Coordinator (ASCA Contact)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Collaborating Artist agrees to provide services according to the time and payment schedule on this contract. Any changes in this schedule will be communicated in a timely fashion to the School Coordinator and ASCA.

### Collaborating Artist

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_





201 Monroe Street, Suite 110  
Montgomery, AL 36130-1800  
www.arts.alabama.gov



Dear Parent/Guardian,

During the month(s) of <months>, <school name>'s <grade level> will be involved in an artist residency program provided by the Alabama State Council on the Arts (ASCA). This program is research based and hopes to increase student engagement in academics through the arts. Our particular residency will be with <artist name> who is a <type of artist>. While learning to <art activity> students will also focus on <non-art activity>. (Name of School) is one of the first schools to participate in this pilot program. We hope that your child enjoys the program and has fun learning.

IN order to track the impact of this program, the Alabama State Council on the Arts will utilize a rigorous evaluation of student engagement and learning. This evaluation will involve informal surveys, samples of student work with assessment instruments attached, and a review panel including student voice at the end of the residency. In order to document student engagement and learning, we would like to take photographs, video and sound recordings of your child and his or her work. No names will be attached to this documentation. For research purposes, we will not share this documentation with anyone, other than Council staff and our outside evaluator. If you are willing, we would love to share images of students and their work to promote arts education programs in the future.

Please read carefully and fill out the form below, checking any or all of the permissions below that you are willing to grant us.

Student name (Please print): \_\_\_\_\_

Student's teacher: \_\_\_\_\_

- I am willing for my child to be photographed, videotaped and recorded for research purposes, limiting exposure to archival and research purposes only.
- In addition to allowing documentation of my child and his or her work for research purposes, I am willing to allow images and quotes to be used for promotional purposes by <School Name> and ASCA.
- I am willing for the information described above to be shared on a website for promotional purposes for <School name> and ASCA

Under no circumstances will my child's name be attached to any material described above.

Parent/Guardian (Please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# ALABAMA STATE COUNCIL ON THE ARTS FINAL REPORT Collaborating Artist Program Grants



Please Note: All schools are required to complete a Final Report within 30 days of the final activity of the Collaborating Artist Residency. Failure to file a Final Report will render a school ineligible for any future funding from the State Arts Council.

## INSTRUCTIONS

Please include all information to the best of your ability. Questions about numbers of teachers, students, classes, etc. apply specifically to this particular residency. Please count only those that participated in activities for this residency. Audience figures are only applicable where requested.

Cancelled checks and/or invoices for project expenditures totaling the grant amount plus the required match must be included in order for the report to be complete. A notarized statement of expenditures will be accepted if cancelled checks are not available within the 30-day reporting time frame. In-kind services that are part of the match must be documented. If you have questions, please contact the Arts in Education Program Manager, Diana Green, at 334-242-4076 Ext. 241

In addition to reporting expenditures, you have been asked to follow an **Evaluation Strategy** to help us collect information that may be used to track the success of this program. Please check to make sure all personnel have responded to the pre and post survey via survey monkey. If you have not received the post survey, please notify us as soon as possible.

Please include documentation of the following. Do not attach student names to this data. We would appreciate it if you would indicate individuals by number only, so that we may still track individual students anonymously:

- 1) **Student engagement daily scores** from all individual participating teachers. (Scores that were obtained through use of the student engagement rubric supplied during the planning day). If any teachers were unable to keep up with this daily, please send what was recorded with an explanation as to why records were not kept. That information may also be valuable to us.
- 2) **Recording of final review panel.** If your teaching artist is in possession of this recording please let us know.

In addition to the requirements above, please include any evaluation instruments you deem useful to our evaluation model. If teachers kept journals, if they have rubrics in addition to those kept by the artist, if they also have samples of student work, or if any participants just wish to include anecdotal information, please feel free to include them with your report. If the school administered pre- and post -tests, or have any testing information you think was affected by this residency, please let us know. We would love to hear from parents and community members, and receive photographs we may use for future publications.

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You are required to maintain all records, including cancelled checks, associated with this grant for a period of three (3) years following the submission of your final report.

Mail, along with supporting material to:

**Diana Green, Arts in Education Program Manager  
Alabama State Council on the Arts  
201 Monroe Street, Suite 110,  
Montgomery, AL 36130-1800**

Telephone: 334-242-4076      Fax: 334-240-3269  
General Email: [www.staff@arts.alabama.gov](mailto:www.staff@arts.alabama.gov)      Web Site:  
[www.arts.alabama.gov](http://www.arts.alabama.gov)

**Arts in Education Program Manager**  
Diana Green, ext. 241  
[diana.green@arts.alabama.gov](mailto:diana.green@arts.alabama.gov)

**Grants Office**  
Wanda B. DeJarnette, ext. 239  
[wanda.dejarnette@arts.alabama.gov](mailto:wanda.dejarnette@arts.alabama.gov)

Rita Gray Allen, ext. 235  
[ritagraysallen@arts.alabama.gov](mailto:ritagraysallen@arts.alabama.gov)

**Administrative**  
Al Head, Executive Director, ext. 245  
[al.head@arts.alabama.gov](mailto:al.head@arts.alabama.gov)

Barbara Edwards, Deputy Director, ext. 227  
[barbara.edwards@arts.alabama.gov](mailto:barbara.edwards@arts.alabama.gov)

**ALABAMA STATE COUNCIL ON THE ARTS  
FINAL REPORTING FORMS  
Collaborating Artist Program Grants**

**SCHOOL PROFILE**

1. School Name: \_\_\_\_\_

2. Federal Identification Number: \_\_\_\_\_

3. Grant Award Number: \_\_\_\_\_

4. Amount of Grant: \_\_\_\_\_

5. Collaborating Artist: \_\_\_\_\_

6. When did the planning date take place? \_\_\_\_\_

7. What were the actual starting and ending dates for this residency?

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

**Grantee and Project Race/Ethnicity:**

This information is collected at the request of our federal funding sources and will be reported for statistical purposes as a part of our reports on the expenditure of federal funds. If you have any questions or wish additional information, please call your program manager. Please use these codes to answer the following two questions.

8. Which of the following codes best describes the race/ethnicity of your school? \_\_\_\_\_

A school should be racially classified according to the characteristics of its staff and students. That is, if at least half of its staff OR students belong to one of the listed racial groups, then the organization is to be coded with that race/ethnicity classification.

**Code Characteristics:**

99 No Single Group; Multi-Racial ("A 'Multi-Racial' organization is one that employs, is directed by, or represents people of various races or ethnicities, and hence may not specifically represent the cultures, traditions, or values of any particular race or ethnicity.")

A Asian

B Black/African American

H Hispanic/Latino

N American Indian/Alaskan Native

P Native Hawaiian/Pacific Islander

W White, not Hispanic

**ALABAMA STATE COUNCIL ON THE ARTS  
FINAL REPORTING FORMS  
Collaborating Artist Program Grants**

**EXPENSE SUMMARY**

Please attach appropriate documentation including cancelled checks or invoices, which when totaled, equal your total cash expenses in support of this program. Also indicate the value of expense met through non-cash donations to the program. Note: Your total expenses (cash & in-kind) should equal or be greater than the grant award plus the match requirement of \$1500. Donations are considered "In-Kind" match, and are accepted for this program. A cash match is not required.

<b>Expense Category</b>	<b>A Actual Cash Expenses</b>	<b>B Actual In- Kind Expenses</b>
1. Artist Fee (\$1000 per week + \$200)		
2. Substitute Fees		
3. Arts Consumable Supplies		
4. Arts Equipment (If acquired)		
5. Sharing Event Expenses		
6. Artist Housing (If supplied)		
7. Artist Travel (If supplied)		
8. Other		
9.		
10.		
11.		
12.		
13. Totals		
14. Total Actual Expenses ( Add columns A & B)		
Actual Expenses should equal Total Income reported on Line 11 of Income Summary"(next page) and Total Project Income below.		

**ALABAMA STATE COUNCIL ON THE ARTS  
FINAL REPORTING FORMS  
Collaborating Artist Program Grants**

**INCOME SUMMARY**

Please indicate any funding that was secured to support this program. Grant funding received from the Alabama State Council on the Arts should be reported ONLY on line 10.

<b>INCOME SOURCE</b>	<b>ACTUAL INCOME</b>
<b>Donations &amp; Grants</b>	
1. Corporate Support	
2. Foundation Support	
3. Other Private Support	
4. Government Support	
4a. Federal Grants	
4b. State Grants (do not list ASCA funds here)	
4c. County Grants	
4d. City or Township Grants	
<b>Other Income</b>	
5. Local School Funds (Include Title funds here)	
6. Other	
<b>Income Totals</b>	
7. Total Cash Income (add lines 1-6)	
8. Total In-Kind contributions	
9. Total Income/Match (add lines 7 and 8 ). Total should be equal to or greater than \$1500. If you are reporting under this amount, please contact your Program Manager to discuss options. It could be you are not reporting all eligible in-kind expenses.)	
10. ASCA Grant	
11. Total Income delegated to support this Program: (add lines 9 and 10)	

**ALABAMA STATE COUNCIL ON THE ARTS  
FINAL REPORTING FORMS  
Collaborating Artist Program Grants**

**STATISTICAL INFORMATION.**

Provide your best estimate for the following questions.  
If you have questions, please contact the Program Manager.

1. How many schools participated in this program? (Response should be one)	
2. How many teachers were targeted by, or participated in the residency?	
3. How many students were targeted by, or participated in this residency?	
4. How many practicing professional artists participated in this program? Please count your collaborating artist plus any other community artists that may have become involved in this particular program. Do not count your arts specialists here. Please count them under #2 above.	
5. How many administrators participated in this program. Please include all non-teaching school personnel that were active in additional activities for this program, such as planning, developing and providing resources, coordinating and collecting statistics, etc.	
6. What is the total number of individuals benefiting from this project? Please add #2-5 and place a total here.	
7. How many full-time paid personnel (school only) participated in this program?	
8. How many part-time paid personnel (school only) participated in this program?	
9. How many active volunteers were involved in this program?	
10. How many actual instructional activities took place during the residency? Please count each class per day as one activity, and include any in-service workshops led by the artist. Classes that had to be cancelled should not be counted. Classes that were postponed and made up should be counted. Do not count the sharing event (s) here.	
11. How many sharing events took place during this residency?	
12. Audience: How many people from the school attended the sharing event? Please do not count students participating in the residency. If you held more than one sharing event, include the total audience here.	
13. Audience: Estimate how many community members outside the school attended the sharing event? Please include anyone outside the immediate school community, including district personnel, parents, business leaders, news reporters, etc. Again, if there was more than one event, please total the audience.	
14. Estimate the total audience for the sharing event(s): (Add #12 & 13)	

**ALABAMA STATE COUNCIL ON THE ARTS  
FINAL REPORTING FORMS  
Collaborating Artist Program Grants**

**NARRATIVE**

Please describe your art programming that exists in your school. How do you typically provide arts education for your students?

Had your teachers and students experienced “arts integration” before you implemented the Collaborating Artist Program? Please explain.

How closely did this program meet your expectations for providing a quality arts experience to your students? Please explain your response.

How closely did this program meet your expectations for supporting learning in a non-arts field of study? Do you feel any progress was made toward an academic challenge that you identified? Why or why not?

What long term impact, if any, do you think was realized during the course of this residency? Please indicate any major changes in practice you anticipate for the future, for your classes and/or programs in your school, that you will attribute to this program. If none, please explain.

How valuable do you think your sharing event(s) was for your teachers, students, school and community? Please explain.

How valuable was your teacher in-service workshop, led by the collaborating artist? Please explain.

Was the State Arts Council credited in your printed publicity materials? Did you inform your local legislators about this grant? What methods did you use to inform your stakeholders about this grant? Please describe all advocacy efforts used.

Please comment on the quality of teaching offered by your Collaborating Artist. You may want to address reliability, organization skills, planning ahead, rapport with students and knowledge of the arts content, etc. Would you recommend this artist to another school? Why? Why not?

Please comment on the commitment to the collaboration offered by your teachers. Do you believe they took time to plan and to help the collaborating artist? Did they engineer a specific role to play and were they actively engaged? Would you recommend these teachers again for another Collaborating Artist Residency? Why? Why not? Is there anything we could have done to improve the experience for your teachers?

Would you apply for another Collaborating Artist Residency in your school in the future? Why? Why not?

**ALABAMA STATE COUNCIL ON THE ARTS  
FINAL REPORTING FORMS  
Collaborating Artist Program Grants**

**ASSURANCES**

I assure that the information given in this form is true and complete to the best of my knowledge, and that all ASCA funds were expended according to the Guidelines for the Collaborating Artist Program, as stated in the Collaborating Artist Handbook.

Principal (Please type) : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reminder:**

Please send all support documents, including documentation of expenses, data collected for evaluation, copies of publications, photographs (please send digital copies on CD) letters to legislators, and news articles to:

**Diana Green, Arts in Education Program Manager  
Alabama State Council on the Arts  
201 Monroe Street, Suite 110,  
Montgomery, AL 36130-1800**