



The Arts in Education Program of Central Intermediate Unit 10

200 Shady Lane • Philipsburg, PA 16866
814-342-0884 • FAX: 814-342-5137

Artist Residency School Planning Form

Site Coordinator: Please FAX or send to Galaxy at least **30 days BEFORE** the artist residency begins

Please type or print.

School: _____ Artist: _____ # of Residency Days: _____
Site Coordinator: _____ Phone: (w) _____
Email: _____
List ALL Dates of Residency: _____
Principal Name: _____ Email: _____

Signatures Needed:

Principal:

Site Coord:

- 1. Core Group 1 [required]: # students _____ from grade(s) _____
Core Group 2 [if applicable]: # students _____ from grade(s) _____
Core Group 3 [if applicable]: # students _____ from grade(s) _____

2. Please consider carefully, and list, the **Learning Objectives** you want the core group students to achieve. NOTE:

3. You will be asked to refer back to these objectives in your final evaluation of the residency. **This will be in an ON-LINE Google Survey format.** Data is being collected by the PA Council on the Arts.

a. Content Learning Objectives:

b. Arts Skill Learning Objectives:

c. Social / Affective Learning Objectives:

4. Please summarize your artist residency project in 1 or 2 sentences. (This may be used on Galaxy's website.):

5. How will the core group students be assessed?

6. How will the artist be introduced to the school community?

7. How will the residency conclude? (Performance? Exhibit? Other?) NOTE: Remember to credit Galaxy and, if applicable, the PA Council on the Arts in promo materials. *See Galaxy website for "Crediting Guidelines"*.
 - a. During the 1st half of the residency, core group students will:

 - b. During the 2nd half of the residency, core group students will:

8. Who else will be involved in the residency and what will they be doing? (Consider non-core group students, parents, other.)

9. How will you inform/invite/involve your school and/or district administration during this residency? Your local legislators?
10. What materials will be used during the residency? How will they be secured? Who will provide them? (NOTE: Grant funds will not support the cost of materials.)
11. What workspace will the artist use, i.e. will the artist move from group to group (to where?) or will the artist be stationary (where?) and groups brought to him/her?
12. Other important planning information:

Please sign and send completed form to:
Dr. Dawn Hayes • Galaxy/CIU 10 • 200 Shady Lane • Philipsburg, PA 16866
FAX: 814-342-5137