

ArtsSmarts Learning Experiences 2014-2015

**Administration Guide for Schools**

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**Getting Started with ArtsSmarts**

Please ensure that you have sent the following to Ghislaine O’Hanley, Arts Smarts Coordinator

* Current **Criminal Records Check** and **Vulnerable Sector Check** for the artist(s) you are working with;
* Signed grant acceptance form.

**1. Service agreement between the school and the artist**

A “***Service agreement between the school and the artist”*** (Appendix 1.) The service agreement shall state the number of hours of teaching, the number of hours of planning, travel and meal expenses and other expenses incurred by the artist when visiting the school. It must match the approved budgeted amounts you were awarded. **It must be completed by the teacher and artist, signed by all listed parties and sent to Ghislaine before the project can begin.**

One copy of the signed agreement is to be given to the artist, one copy to the teacher responsible for the learning experience in the school and one copy is to be sent to Ghislaine.

**2. Purchase of materials**

**Who is responsible for purchases?**

The teacher, in collaboration with the artist, makes a list of the material needed for the learning experience (Appendix 3). Purchase of the material can be made by the artist, the school or the teacher. Following the purchase, a request for material reimbursement and all supporting receipts and documents, must be **completed and sent to Ghislaine O’Hanley, ArtsSmarts Co-ordinator, for payment via mail, fax or email.** Please write **ArtsSmarts** on all the receipts you submit for payment.

**3. Payments to artists – information meeting, planning, in-class time**

Artists will be paid for their time for attending the information meeting and up to 2 planning sessions as well as the agreed budgeted amount for their class time to complete the learning experience. Forms are found in Appendix 2 and must be completed by all parties and submitted to Ghislaine for payment via mail, fax or email. The payment will be made directly to the artists by Culture PEI.

Artists may be paid in several installments if they wish. They must request this in the service agreement.

**Important note:** The artist must be advised that no money will be paid to the artist until the learning experience has begun and that the last payment will be made upon completion of the learning experience, when all forms are received.

**4. Documentation of projects**

At the end of the learning experience, you will send in any documentation you have assembled throughout the learning experience. This information will be used to evaluate the program, and may be placed on the **ArtsSmarts** website and/or used to prepare promotional documents for **ArtsSmarts** in our region.

Here are the important elements expected:

* Digital photos on disc or videos of children working with the artist (don’t forget the parental consent form)
* Partly-finished and finished products
* Detailed budget: detailed description of project expenses
* Any student worksheets produced as part of the project
* Releases sent to parents and/or the media
* A list of partners involved; especially community partners
* Comments from students, parents, teachers, …
* Newspaper clippings about the project
* Any other document describing the experience

**5. Final Report**

In addition to the project documentation, you will be required to complete and submit a final report that outlines your project outcomes and impacts (Appendix 4) This report also includes surveys for parents, teachers and artists. (Appendix 5)

**6.** **ArtsSmarts Contact Information**

For more information, contact **Ghislaine O’Hanley, ArtsSmarts Project Coordinator**.

 Address: Culture PEI

 124 Sydney Street, Gahan Office Suites

 Charlottetown, PE, C1A 1G4

 Telephone: (902) 367-3844

 Fax: (902) 367-3845

 E-mail: ghislaine@culturepei.ca

 Website: www.artssmartspei.ca

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**Appendix 1**

**Service agreement between the school and the artist**

ArtsSmarts PEI Learning Experience

Between: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (artist’s name) (name of the school)

Principal’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the teacher or teachers who will be working with the artist:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of the **ArtsSmarts** learning experience: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The artist agrees to provide the following services and will be reimbursed for the following expenses incurred:

|  |  |  |
| --- | --- | --- |
| Planning session(s) with the teacher or group of teachersNote: 1 session = at least 1 hour, maximum 2 sessions | Number of sessions: \_\_\_\_\_x $40/sessionDate(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| In-class session(s) with the students | Number of hours: \_\_\_\_\_x $50/hourDate(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Meals | Number of meals: \_\_\_\_\_x $7/meal | $ |
| TravelNote: Only if the artist needs to travel over 50 km round trip between home and the school | Round trip\_\_\_\_\_ km | No. of visitsx \_\_\_\_\_ | Total km= \_\_\_\_\_ | Rate/kmx $0.40 | $ |
| Technical and/or preparation costs | Number of hours: \_\_\_\_\_x $20/hourSpecify dates and activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| TOTAL (cannot exceed the agreed budget amount) | $ |

**ArtsSmarts objectives**

The artist agrees to follow the objectives of the **ArtsSmarts** program and put them into practice during planning sessions with teachers and sessions with the students.

**Copyright**

It is agreed that the copyright to works produced shall belong to the school and to the **ArtsSmarts** program.

**Payment**

The artist shall provide a signed invoice indicating the number of planning sessions, the number of sessions with the students, the number of meals and travel expenses for the period in question. The artist may use his or her own billing system or the sample invoice provided by the committee. The total fees paid to the artist are determined according to the school’s **ArtsSmarts** budget approved by the selecting committee. The artist agrees to provide an invoice for each installment requested. **The invoice must be signed by the artist as well as the teacher before submitting for payment.**

The school and the artist shall agree on the number of installments and the date or dates on which the invoices shall be issued.

The artist will be paid in \_\_\_\_\_ installment(s). (Specify the number of installments)

Billing dates: date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cancellation of the agreement**

The ArtsSmarts selection committee reserves the right to terminate any agreement for services between the school and the artist following a meeting between the parties. It is agreed that compensation will be based on the number of sessions and meals and the travel expenses incurred to that date.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Please ensure copies are given to:

* The artist
* The teacher responsible for the project at the school
* The school

**Appendix 2**

**INFORMATION MEETING**

 **ARTIST INVOICE**

Name of artist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First name Last name

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learning experience title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of information meeting:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Travel(If more than 50 km from workplace, round trip) | \_\_\_\_\_\_\_\_ km x $0.50  | $ |
| Honorarium |  | $40.00 |
| TOTAL |  | $ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Artist signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ArtsSmarts representative attending the information meeting Date



**Appendix 3**

**PLANNING MEETING**

**ARTIST INVOICE**

Name of artist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First name Last name

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learning experience title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of planning meeting(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Travel(If more than 50 km from workplace, round trip) | \_\_\_\_\_\_\_\_ km x $0.40  | $ |
| Artist Fees | \_\_\_\_\_ hour(s) x $40/hr (max 2 hours) | $ |
| Total  |  | $ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Artist signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher signature Date

****



**Appendix 4**

**SERVICES RENDERED**

**ARTIST INVOICE**

Name of artist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First name Last name

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learning experience title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the teacher(s) with whom I worked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Planning session(s) with the teacher or group of teachersNote: 1 session = at least 1 hour, maximum 2 sessions | Number of sessions: \_\_\_\_\_x $40/sessionDate(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| In-class session(s) with the students | Number of hours: \_\_\_\_\_x $50/hourDate(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Meals | Number of meals: \_\_\_\_\_x $7/meal | $ |
| TravelNote: Only if the artist needs to travel over 50 km round trip between home and the school | Round trip\_\_\_\_\_ km | No. of visitsx \_\_\_\_\_ | Total km= \_\_\_\_\_ | Rate/kmx $0.40 | $ |
| Technical and/or preparation costs | Number of hours: \_\_\_\_\_x $20/hourSpecify dates and activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| TOTAL (cannot exceed the agreed budget amount) | $ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Artist signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher signature Date

**Please send to Ghislaine O’Hanley, ArtsSmarts Project Coordinator:**

**Mail: Culture PEI**

 **124 Sydney St, Gahan Office Suites**

 **Charlottetown PE C1A 1G4**

**Fax: 1-902-367-3845**

**Email: ghislaine@culturepei.ca**



**Appendix 5**

**REQUEST FOR MATERIAL REIMBURSEMENT**

**Please include supporting documents for all expenses**

Name of the school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learning experience title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person submitting\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Material purchased  | Supplier (name of company) | Cost  |
| TOTAL | $ |

Please add an attachment if necessary

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person submitting Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For ArtsSmarts Date

**Please send to Ghislaine O’Hanley, ArtsSmarts Project Coordinator:**

**Mail: Culture PEI**

 **124 Sydney St, Gahan Office Suites**

 **Charlottetown PE C1A 1G4**

**Fax: 1-902-367-3845**

**Email: ghislaine@culturepei.ca**

**Appendix 6 – ArtsSmarts Final Report Template**

Title of Learning Experience

Name of School

Date

1. **About your Project**
	1. Overall goal(s) of the project
	2. Project Activities (general description of how the project was developed and delivered)
	3. Staffing (descriptions of the number of personnel and roles that were relevant to developing and delivering the project)
	4. Community/Parental Involvement
2. **Impact of the Project.** Using the following questions as a guide, please describe the impact your project has had on students in your school.
	1. How has the program been received (parents, teachers, students)?
	2. What has been accomplished?
	3. Has the program made a difference?
	4. On whom has the project had the greatest impact?
	5. Has anything happened (positive or negative) that you did not expect as a result of this project?
	6. Should this program continue?
3. **Teacher Observation Checklist.** Please provide a copy of the Teacher Observation Checklist on the next page for each teacher involved and include in this report.
4. **Surveys.** Please have students, parents and the artist complete the surveys at the end of this document.
5. **Conclusion.** The final word is yours. Please tell us what worked really well and what you would change in the future.

Thank you!

**ArtsSmarts Teacher Observation Checklist**

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learning experience title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level/grade: \_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The initial meeting between the artist and the students** | **Yes** | **Somewhat** | **Not at all** | **Comments** |
| The artists related well to the age level |  |  |  |  |
| The students demonstrated respect towards the artist |  |  |  |
| The artist and teacher clearly explained the project objectives to the students |  |  |  |
| The students were involved during the planning stage of the learning experience |  |  |  |
| The artist and teacher collaborated on all aspects of the learning experience prior to this meeting |  |  |  |
| **During the learning experience – student engagement** | **Yes** | **Somewhat** | **Not at all** | **Comments** |
| Class attendance was excellent |  |  |  |  |
| All students demonstrated a higher level of attentiveness during the learning experience |  |  |  |
| All students actively engaged in the learning process |  |  |  |
| Teacher noticed improvement in understanding of a specific subject-based concept |  |  |  |
| Teacher noticed improvement in attitude towards a specific subject-based concept |  |  |  |
| Students showed pride in their work |  |  |  |
| Students had some opportunity for self-expression |  |  |  |
| Teachers had fewer discipline problems during the learning experience |  |  |  |
| Students responded well to the use of arts-related activities as a strategy for reaching curricula |  |  |  |
| **Teachers’ appreciation** | **Yes** | **No** | **Comments** |
| Teachers will consider the use of art-related activities as a strategy for reaching curricula with or without an ArtsSmarts grant |  |  |  |
| Teachers will collaborate with artists and art teachers for future projects with or without an ArtsSmarts grant |  |  |  |

|  |
| --- |
| **ArtsSmarts Student Survey**Please check the box that represents your agreement |
| **Statement** | **Strongly agree** | **Agree** | **No opinion** | **Disagree** | **Strongly disagree** |
| 1. The ArtsSmarts learning experience helped me discover my own creativity within. |  |  |  |  |  |
| 2. I knew I was creative before I took part in this learning experience. |  |  |  |  |  |
| 3. I learned a lot about the couture of my community/heritage during this learning experience. |  |  |  |  |  |
| 4. I have never worked with an artist before on a project. |  |  |  |  |  |
| 5. I found it easier to learn about the school subject (math, science, language arts) using an art project like we did in ArtsSmarts. |  |  |  |  |  |
| 6. I think it is really important for my community to have art projects. |  |  |  |  |  |
| 7. Pretend you are chatting online with your friend. Tell your friend about the ArtsSmarts learning experience in your school. |

Thank you!

|  |
| --- |
| **ArtsSmarts Parent Survey**Please check the box that represents your agreement |
| **Statement** | **Strongly agree** | **Agree** | **No opinion** | **Disagree** | **Strongly disagree** |
| 1. My child has bee discussing this learning experience a lot lately at home. |  |  |  |  |  |
| 2. I have been aware of this learning experience before today. |  |  |  |  |  |
| 3. I think my child learned a lot from participating in this learning experience. |  |  |  |  |  |
| 4. I think all students should have the chance to do this type of learning experience. |  |  |  |  |  |
| 5. My child benefitted from using the hands on approach to learning. |  |  |  |  |  |
| 6. My child was not interested in this learning experience. |  |  |  |  |  |
| 7. The final word is yours… |

Thank you!

|  |
| --- |
| **ArtsSmarts Artist Survey** |
| 1. The strengths of this learning experience are…. |  |
| 2. The challenges of this learning experience are… |  |
| 3. What would you change about this learning experience? |  |
| 4. Would you participate in a learning experience like this again? Why or why not? |  |
| 5. The final word is yours… |

Thank you!