

## ArtsSmarts Learning Experiences 2017-2018 Administration Guide for Schools

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### Getting Started with ArtsSmarts

Please ensure that you have sent the following to Cecile Arsenault, ArtsSmarts 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 in-class sessions with the learners, 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 Cecile 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 Cecile.

## 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 5). 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 the ArtsSmarts School Project Lead , 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 2-4 and must be completed and submitted for payment .

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 learners, 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 6) This report also includes surveys for parents, teachers and artists.

## **6. ArtsSmarts Contact Information**

For more information, contact **Cecile Arsenault , ArtsSmarts Coordinator:**

**Mail: PEI Department of Education, Early Learning and Culture  
ArtsSmarts PEI  
P.O. Box 58  
Wellington PE C0B 2E0**

**Tel: 1-902-854-7265**

**Fax: 1-902-854-7255**

**Email: [ccarsenault@gov.pe.ca](mailto:ccarsenault@gov.pe.ca)**

**Website: [www.artssmartspei.ca](http://www.artssmartspei.ca)**

**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 teachers  maximum 2 sessions per learning experience	Number of sessions: _____ x \$40/session				\$
	Date(s): _____				
In-class session(s) with the learners  maximum of \$250 per day	Number of hours: _____ x \$50/hour				\$
	Date(s): _____				
Meals	Number of meals: _____ x \$7/meal				\$
Travel  Note: Only if the artist needs to travel over 50 km round trip between home and the school	Round trip  _____ km	No. of visits  x _____	Total km  = _____	Rate/km  x \$0.40	\$
Technical and/or preparation costs	Number of hours: _____ x \$20/hour				\$
	Specify dates and activities: _____  _____				
<b>TOTAL (cannot exceed the agreed budget amount)</b>					<b>\$</b>

**ArtsSmarts objectives**

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

**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 in-class sessions with the learners, 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

Île-du-Prince-Édouard



Prince Edward Island

**Please send to Cecile Arsenault , ArtsSmarts Coordinator:**

**Mail: PEI Department of Education, Early Learning and Culture  
ArtsSmarts PEI  
P.O. Box 58  
Wellington PE C0B 2E0**

**Tel: 1-902-854-7265**

**Fax: 1-902-854-7255**

**Email: [ccarsenault@gov.pe.ca](mailto:ccarsenault@gov.pe.ca)**

Île-du-Prince-Édouard



Prince Edward Island

## 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 \$0.40	\$
Honorarium		\$40.00
TOTAL		\$

\_\_\_\_\_  
Artist signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ArtsSmarts representative attending the information meeting

\_\_\_\_\_  
Date

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### 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 maximum 2 hours	_____ hour(s) x \$40/hr	\$
Total		\$

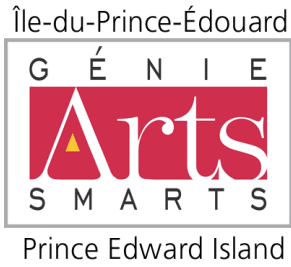
\_\_\_\_\_  
Artist signature

\_\_\_\_\_  
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 teachers  Maximum of 2 sessions per learning experience	Number of sessions: ____ x \$40/session  Date(s): _____				\$
In-class session(s) with the learners  Maximum of \$250 per day	Number of hours: ____ x \$50/hour  Date(s): _____				\$
Meals	Number of meals: ____ x \$7/meal				\$
Travel  Note: Only if the artist needs to travel over 50 km round trip between home and the school	Round trip  _____ km	No. of visits  x _____	Total km  = _____	Rate/km  x \$0.40	\$
Technical and/or preparation costs	Number of hours: ____ x \$20/hour  Specify dates and activities: _____  _____				\$
TOTAL (cannot exceed the agreed budget amount)					\$

\_\_\_\_\_  
Artist signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher signature

\_\_\_\_\_  
Date

**Please send to Cecile Arsenault , ArtsSmarts Coordinator:**

**Mail: PEI Department of Education, Early Learning and Culture  
 ArtsSmarts PEI  
 P.O. Box 58  
 Wellington PE C0B 2E0**

**Tel: 1-902-854-7265**

**Fax: 1-902-854-7255**

**Email: ccarsenault@gov.pe.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: \_\_\_\_\_

\_\_\_\_\_

<u>Material purchased</u>	<u>Supplier</u> (name of company)	<u>Cost</u>
<b>TOTAL</b>		\$

Please add an attachment if necessary

\_\_\_\_\_  
Signature of person submitting

\_\_\_\_\_  
Date

\_\_\_\_\_  
ArtsSmarts representative

\_\_\_\_\_  
Date

**Please send to Cecile Arsenault , ArtsSmarts Coordinator:**

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## Appendix 6 – ArtsSmart Final Report Template



Title of Learning Experience: \_\_\_\_\_

Name of School: \_\_\_\_\_

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

**1. About your Project**

- a. Overall goal(s) of the project
- b. Project Activities (general description of how the project was developed and delivered)
- c. Staffing (descriptions of the number of personnel and roles that were relevant to developing and delivering the project)
- d. Community/Parental Involvement

**2. Impact of the Project.** Using the following questions as a guide, please describe the impact your project has had on learners in your school.

- a. How has the program been received (parents, teachers, learners)?
- b. What has been accomplished?
- c. Has the program made a difference?
- d. On whom has the project had the greatest impact?
- e. Has anything happened (positive or negative) that you did not expect as a result of this project?
- f. 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 learners, 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: \_\_\_\_\_

<b>The initial meeting between the artist and the learners</b>	<b>Yes</b>	<b>Somewhat</b>	<b>Not at all</b>	<b>Comments</b>
The artists related well to the age level				
The learners demonstrated respect towards the artist				
The artist and teacher clearly explained the project objectives to the learners				
The learners 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				
<b>During the learning experience – student engagement</b>	<b>Yes</b>	<b>Somewhat</b>	<b>Not at all</b>	<b>Comments</b>
Class attendance was excellent				
All learners demonstrated a higher level of attentiveness during the learning experience				
All learners 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				
Learners showed pride in their work				
Learners had some opportunity for self-expression				
Teachers had fewer discipline problems during the learning experience				
Learners responded well to the use of arts-related activities as a strategy for reaching curricula				
<b>Teachers' appreciation</b>		<b>Yes</b>	<b>No</b>	<b>Comments</b>
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 Learners 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 culture 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 creative learning experience through the Arts.					
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

<b>Statement</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>No opinion</b>	<b>Disagree</b>	<b>Strongly disagree</b>
1. My child has been 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 learners 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!