

ArtsSmarts Learning Experiences 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:**

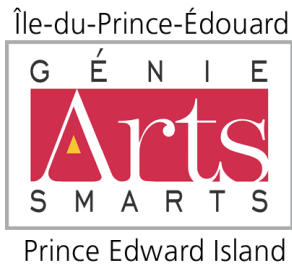
**Mail: PEI Department of Education, Early Learning and Culture
ArtsSmarts PEI
P.O. Box 58
Wellington PE C0B 2E0**

Tel: 1-902-854-7265

Fax: 1-902-854-7255

Email: ccarsenault@gov.pe.ca

Website: 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 | <table border="1"> <tr> <td>Round trip</td> <td>No. of visits</td> <td>Total km</td> <td>Rate/km</td> <td></td> </tr> <tr> <td>_____ km</td> <td>x _____</td> <td>= _____</td> <td>x \$0.40</td> <td>\$</td> </tr> </table> | Round trip | No. of visits | Total km | Rate/km | | _____ km | x _____ | = _____ | x \$0.40 | \$ | \$ |
| Round trip | No. of visits | Total km | Rate/km | | | | | | | | | |
| _____ km | x _____ | = _____ | 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) | | \$ | | | | | | | | | | |

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

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

Île-du-Prince-Édouard



Prince Edward Island

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): _____

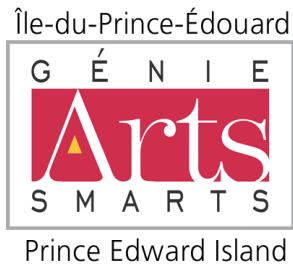
| | | |
|---|-------------------------|----|
| Travel (If more than 50 km from workplace, round trip) | _____ km x \$0.40 | \$ |
| Artist Fees maximum 2 hours | _____ hour(s) x \$40/hr | \$ |
| Total | | \$ |

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 (name of company)</u> | <u>Cost</u> |
|---------------------------|-----------------------------------|-------------|
| | | |
| TOTAL | | \$ |

Please add an attachment if necessary

Signature of person submitting

Date

ArtsSmarts representative

Date

Please send to Cecile Arsenault , ArtsSmarts Coordinator:

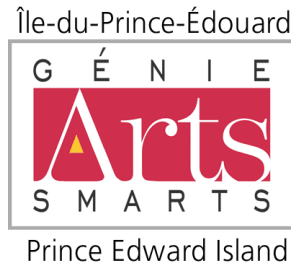
Mail: PEI Department of Education, Early Learning and Culture
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P.O. Box 58
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Tel: 1-902-854-7265

Fax: 1-902-854-7255

Email: ccarsenault@gov.pe.ca

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: _____

| The initial meeting between the artist and the learners | Yes | Somewhat | Not at all | Comments |
|---|------------|-----------------|-------------------|-----------------|
| 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 | | | | |
| During the learning experience – student engagement | Yes | Somewhat | Not at all | Comments |
| 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 | | | | |
| | | | | |
| 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 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

| Statement | Strongly agree | Agree | No opinion | Disagree | Strongly disagree |
|--|-----------------------|--------------|-------------------|-----------------|--------------------------|
| 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!