



2016-2017

Dear ESE Director:

VSA Florida looks forward to your participation in the *My Art My Way* Teaching Artist Residency Program.

In order to expedite the process of communication between the teaching artist and the classroom teacher, please complete this form for a single class and return it to the attention of William Coleman, Director of Education, using the information provided at the bottom of this form.

County: \_\_\_\_\_

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

School Address: \_\_\_\_\_

School Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Site Administrator's First & Last Name: \_\_\_\_\_

Site Administrator's Email: \_\_\_\_\_

Teacher's First & Last Name: \_\_\_\_\_

Teacher's Email: \_\_\_\_\_

Is your school \_\_\_\_\_ Urban or \_\_\_\_\_ Rural?

Is your school considered low income? \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of Paraprofessionals in classroom: \_\_\_\_\_

Rank your art form choice (1-4 with 1 = 1st choice) and Teaching Artist request. Please note we make every effort to provide your first choice but may be unable to accommodate based on Teaching Artist availability.

\_\_\_ Drama \_\_\_ Movement/Dance \_\_\_ Music \_\_\_ Visual art

Would you prefer a \_\_\_ Fall (Oct – Dec), \_\_\_ Winter (Jan – March), or \_\_\_ Spring (March – May) residency?

Grade level(s): \_\_\_\_\_ Number of students: \_\_\_\_\_

Is this classroom \_\_\_\_\_ Inclusive or \_\_\_\_\_ Self-contained?

Number of Students with Disabilities (SWD): \_\_\_\_\_

Types of disabilities present in this class: \_\_\_\_\_

ESE Director's Name: \_\_\_\_\_ ESE Director's Phone: \_\_\_\_\_

ESE Director's Email: \_\_\_\_\_