IPUL Arts Teaching Artist Application Form

**We are providing this so you can fill this form out first, then copy and paste your answers into the webform without having to save and reopen it several times. Please do not submit this document.**

Page 1 (1/2) Information about you

Teaching Artist's Name

Mailing Address

City

State

Zip Code

Phone

Email

Residency Information: Location

Name of School / Site

Address

City

State

Zip Code

Name of Teacher / Site Contact

School Phone

Home / Cell Phone

Email

Residency Information: Statistics

Start Date (MM/DD/YYYY format only please)

End Date (MM/DD/YYYY format only please)

Total Expected Number of Students

Expected Number of Students With Disabilities

Is This a Title One School?

Expected hours of teaching per classroom

Expected total number of days for project

Expected total number of hours teaching for the project

Expected number of days you will be present in the classroom

Program Description

Please describe your residency project, including key components such as specific activities and how they will tie to other subjects.

Why is residency important for this group of students? Please explain why and how it meets their special education needs/ IEP goals.

What learning outcomes do you hope to achieve in the students you teach?

Please describe how your residency will be inclusive of children with a range with disabilities, and/or their non-disabled peers.

Page 2 - Information and Acknowledgements (2/2) Standards, Goals, and Objectives

**Standards, Goals, and Objectives**

**Residencies must all include the following Idaho State Standards for Arts and Humanities:**

**1.    Communicate in humanities disciplines through creative expression**

**2.    Communicate in humanities discipline through application of knowledge and skills.**

**Goals and objectives for your residency must include:**

**·        Increased access to the arts for students with disabilities**

**·        Increased artistic skills of participants**

**·        Increased social skills of participants**

**·        Improved teaching skills of professionals (teachers, artists and paras)**

**·        Increase participants’ awareness of the importance of and need for inclusion of people with disabilities in the arts**

**I have read and understand these requirements.  I agree to abide by the above contractual arrangement**

Logo Use

Please state how you intend to use our logo in your residency.  (You will be expected to upload logo use in your final report.)

Budget

Support and Communication

Agreement

**Requirements**

Please complete **all** paperwork in a professional and timely manner.

Pre-residency you will need to complete:

* The current IPUL Arts application (this form)

**New** teaching artists will need to provide:

1. A resume.
2. A biography, work history and support materials.
3. A letter stating his/her intent to work with the project.
4. A W-9 tax form.
5. Submit to a background check.

Post-residency, you are required to submit the following:

* The Final Report form
* The Teacher Report form

**What is expected from the final report:**

* You will be asked to summarize the project as it actually occurred, and how that differed from your proposal, if it did.
* You will be asked to restate your goals and objectives, and to state to what extent they were met.
* You will be asked to summarize any problems that occurred (if they did) and how they were overcome.
* You will be asked to discuss the teacher and staff you worked with in the school setting, and describe if they have been able to implement the art ideas / techniques you provided with students.
* You will be asked how you were able to tie the residency to the needs of your students as they pertain to the student’s IEP.
* You will be asked to describe how you were able to tie the residency to the core curricula / 21st Century skills. (Humanities concepts, Historical relevance, etc.)
* You will be asked to provide final numbers, as from above in the “Residency Information: Statistics” section of the application.

**Photo Documentation:**Three Photos of the residency must be included in final reports. You will need to obtain photo release forms from anyone you photograph whose faces are visible in the picture.
– You will need to attach photo release forms with your final report.

**A final showcasing of your residency is Strongly Encouraged.**

You will need to describe the culminating event for the project. (A performance, art show, reception etc.) As well as who was in attendance (student body, parents, public etc.).

Please include how the program was publicized. (Student newspaper, flyers, radio, invitations to parents and so on).

I have read and understand these requirements.   I agree to abide by the above contractual arrangement

**Support and Communication**

During the process of applying, conducting and finalizing your residency **communication with our staff is extremely important**.

Please let us know if you encounter any challenges or stumbling blocks in the course of your residency. Each residency is unique and **we are here to support and assist you.**

Should the circumstance arise that you have difficulty or are unable to complete these requirements, please relay information immediately to the Arts Program Coordinator Heather Kirk at 208-342-5884 X104 or email residency@ipulidaho.org.

**Failure to do so may result in a reduction in the amount of your residency salary.**

I have read and understand these requirements.   I agree to abide by the above contractual arrangement

**Agreement**

You agree to abide by the following regulations:

1. All funds will be expended according to the proposal request.
2. Artists will be paid upon completion of residency
3. Residency will take place as written in this application unless otherwise approved by Idaho Parents Unlimited.
4. Preference will be given to residencies with 12+ students receiving special education or on 504 plans.
5. A minimum of 10 hours of direct teaching will occur by the artist in the designated classroom. (Unless otherwise approved.)
6. All required paperwork must be submitted within an appropriate amount of time.

**I understand that the award may be forfeited should I fail to do this.**

I have read and understand these requirements.   I agree to abide by the above contractual arrangement.

