

VSA Minnesota • Arts in Education
Teaching Artist Roster • Application

Your name		Email address	
Title (<i>i.e. Visual Artist, Musician, Performer, etc.</i>)			
Primary phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Secondary Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Mailing address		City	State MN
			Zip
Website			

Identify your <i>primary</i> artistic discipline? (check ONE area) <input type="checkbox"/> Dance <input type="checkbox"/> Literary <input type="checkbox"/> Media <input type="checkbox"/> Music <input type="checkbox"/> Performing <input type="checkbox"/> Visual Arts
List your primary area(s) of specialty within this discipline:
If you work within additional artistic disciplines, list areas of specialty:

Attachments:
Please use 8½" x 11" white paper, standard, easy-to-read font (Arial, such as this), 12pt. or larger and a 1" margin. Include your name and date at the top of each page, and do not exceed the number of words or pages allowed for each section.

Application Agreement

My signature (or typed) below certifies that I have read and understood the application instructions for the VSA Minnesota Teaching Artist Roster, and that all information contained within my application is accurate and truthful.

I understand that acceptance to the Roster is neither a contract for nor a guarantee of employment and that VSA Minnesota can eliminate an artist from the Roster at any time.

Signature of Teaching Artist *Date*

Please return the completed application forms to:

VSA Minnesota
 Attention:
 Arts in Education Coordinator
 528 Hennepin Ave., Suite 305
 Minneapolis, MN 55403

Phone: 612/332-3888
 Fax: 612/305-0132
 E-mail: info@vsamn.org
 Website: www.vsamn.org

Name:

Date:

Areas of Experience and Expertise					
Please check one of the first four columns for each item, using the following scale: Level 1 = No Experience Level 2 = Limited to Moderate / Beginning to Moderate Level 3 = Significant / Solid to Strong / Highly Competent Level 4 = Extensive / Master Level Expertise / Can train others in this area Place a check in the final column to indicate the groups with whom you would most like to work. Note that these designations will be reported on the Roster website for accepted applicants.					
Category	Level 1	Level 2	Level 3	Level 4	Interest
AGES / GRADES					
K-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transition Ages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SETTINGS					
Public/Private School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural Organization Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College / University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTEGRATED CURRICULUM					
Literacy / Reading / Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
History / Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Arts Disciplines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL DEVELOPMENT					
Led classes for Teaching Artists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Led classes for K-12 Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POPULATIONS *					
At Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People with Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital / Health Care Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Language Learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Please give a more specific description of any specialized populations you've worked with significantly/extensively.					

Name:

Date:

References References should include at least one educator with whom you've worked, but may also include a staff member at a cultural organization or others who can attest to your work.	
Name	Email Address
Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Title	School or Organization
Briefly, note the context from which this reference knows your work.	

Name	Email Address
Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Title	School or Organization
Briefly, note the context from which this reference knows your work.	

Name	Email Address
Primary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Secondary Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Title	School or Organization
Briefly, note the context from which this reference knows your work.	

Name:

Date:

Narrative Questions

Please respond to the following questions below by typing in the form or if necessary on separate sheets of paper. Visit our website to download alternative formats, *Teaching Artist Roster Application Forms*.

- 1. Describe your work as an individual artist. Describe the media/formats in which you most commonly work, and your level of mastery, experience, and/or professional success in these areas.**
- 2. Describe your work as a teaching artist. Explain your personal philosophy regarding your approach and purpose as a teaching artist. What age groups and what teaching environments are you most drawn to, and why?**
- 3. Describe your work with students in K-12 public schools, and why you pursue this work.**
- 4. Describe your work with children, youth or adults with disabilities. What types of disabilities do you have experience with?**
- 5. Elaborate on the following aspects of the lesson plan you've submitted with this application:**
 - a. Give one specific example of how an element of your lesson plan addresses a specific Minnesota Academic Standard in the Arts.**
 - b. What strategies did you use to engage students in learning during this lesson? When have you found it difficult to engage students, and what did you do?**
 - c. How do you assess student work and how do you enable students to reflect on their own work or the work of their peers? How do you use the assessment results?**
- 6. Have you developed arts lessons that integrate an arts discipline with a non-arts subject area? If so, briefly describe the key concepts/skills in this lesson, and how you effectively addressed both subject areas.**
- 7. When you are offered a contract for a school residency, what are the questions you ask to determine your approach, and what are the key steps of the process you use to cooperatively plan the residency with the classroom teacher?**
- 8. How do you continue to hone your skills as both an artist and a teaching artist? Describe the professional development experiences that have been the most valuable to you, and why. What kind of training would improve your abilities as a teaching artist?**

Application Checklist

One set of the following application materials, assembled in the following order:

- Application Forms: cover page, experience/expertise chart, references, narrative (4 pages max.)
- Biographical statement (125 words max.)
- Lesson Plan (2 pages max.)
- Resume(s) (1 or 2 resumes, each resume 2 pages max.)
- Photographic Image (3 images .jpg, .gif or .pdf max.)
- Work sample(s) (optional: include postage-paid, self-addressed mailer for work sample returns).
- Work sample description (100 words max.)
- Supplemental material (optional; 2 pages max.)