

VSA Minnesota • Arts in Education
Artists-in-Residence • Request Form

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|---|------------|-------------------------------|--------------------|
| Coordinating Staff name | | Email address | |
| Title/ teaching role (<i>i.e. Special Education, Transition, Music Specialist, etc.</i>) | | | |
| Primary phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work | | Best time to reach you | |
| Name of school or site | | Congressional district | |
| Mailing address | | City | State MN |
| Phone | Fax | Website | |
| <p><i>* VSA Minnesota requires a minimum of \$300.00 from Residency Sponsors to help fund residency projects. Is there a commitment of funds to put toward this project?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what amount?</p> | | | |

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| <p>Identify the preferred artistic discipline during this residency (check ONE area)</p> <p><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</p> |
| <p>Describe a specific focus or activities preferred for this residency</p> |
| <p>Identify key IEP goals preferred to be addressed in this residency</p> |
| <p>Preferred date(s) / time(s) of this residency</p> |

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|--|---|
| <p><i>*75% of the total number of participants in the Core Group needs to have an IEP and/or 504 plan (a minimum of 15 students) and needs to have a minimum of 5 direct instruction hours with the Teaching Artist.</i></p> <p>Participating Students <u>Core Group</u>: This group will receive the <i>most direct instruction</i> time from the Teaching Artist during the residency.</p> | |
| Number <u>with</u> an IEP and/or 504 plan | Number <u>without</u> an IEP and/or 504 plan |
| Number of direct instruction hours any one student will receive | Grade level(s) of students in this group |

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Type of disabilities

Indirect Participant Group: This group (teachers, parents, students) includes any anticipated participants exposed to this residency including *audience* members and attendees to presentations, performances and exhibitions.

Anticipated total number of people

Participating Adults

Core Group: This group (teachers, parents, volunteers) includes any anticipated participants who will *work directly* with the Teaching Artist and participating students during the residency.

Number of participating adults

Number of direct instruction hours

Exposure Group: This group (teachers, parents, volunteers) includes any anticipated participants that will have the opportunity to interact with the Teaching Artist during an *in-service, training, workshop or professional development*.

Number of participating adults

Number of direct instruction hours

AGREEMENT: I verify that I have reviewed the Artists-in-Residence Project Request Guidelines. I understand and agree to be responsible in following and completing all the requirements identified.

Signature of Authorizing Official (or typed)

Date

Signature of Coordinating Staff (or typed)

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
or 800/801-3883 V/TTY
Fax: 612/305-0132
E-mail: info@vsamn.org
Website: www.vsamn.org

* **Please note:** a digital copy of the request sent as an email attachment is preferred but not mandatory.