



**Arts Residency - Orientation Meeting Checklist
(All disciplines - Please mail to MSAC prior to residency start date.)**

Orientation Meeting Place: _____

Residency Project Description: _____

School Name: _____

School Address: _____

School Telephone: _____

YOU MUST HAVE A COPY OF THE MSAC EGRANT APPLICATION AT THE MEETING FOR REFERENCE . SESSIONS WITH CORE GROUPS MUST MATCH THE APPLICATION.

Residency Start Date:	Residency End Date:
Number of Sessions Planned:	Number of MSAC/AiE-Funded Sessions:
School Start Time:	School End Time:
Snow Delay Policy:	
Date/Description of Follow-Up Activity:	

CONTACT INFORMATION		
Name	Telephone	Email
Principal		
Site Coordinator		
PTA/Sponsor		
Art Teacher		
Artist/Company		

Parking for Artist: _____

Number of Scheduled Breaks: _____ Scheduled Lunch Time: _____

Performance Space (performing artists only): _____

Artist's Working Space (visual artists only): _____

Final Placement of Work (visual artists only): _____

Installation Carried Out By (visual artists only): _____

Workshop Space (all artists): _____

Name of Teacher/School Repres. In Class AT ALL TIMES: _____

Cell number of Teacher for Snow Days: _____ For Artist: _____

MATERIALS LIST (visual artists only)

The school is 100% responsible for the cost of any materials related to the residency.

Name of Person Ordering/Delivering Materials: _____

Name of Person Paying for Materials: _____

DISCUSSION TOPICS

- Introduction of the artist, their work, and credentials
- The school's existing curriculum in the residency's discipline
- The artist's goals, methods, materials, techniques, and evaluation criteria for student's work
- Arts integration
- Community resources
- Publicity opportunities
- Classroom management techniques used by school
- Per above sections: parking, snow day policy, artist breaks, artist lunch periods

ARTIST HOUSING

PLEASE NOTE: The AiE Staff must approve all artist housing arrangements before the residency begins. Failure to secure advance approval may result in the school or artist being held responsible for the cost of artist housing. Please make every effort to secure reasonable accommodations.

Does this residency require the artist to spend the night? Yes No

If yes, please estimate the number of nights housing will be needed_____

List any special requirements (e.g., accessibility, non-smoking, etc.) _____

Name and phone number of person who will be securing housing for the artist.

Name

Phone Number

SIGNATURES ARE REQUIRED FROM THOSE PARTICIPATING IN THE RESIDENCY:

Site Coordinator-Signature

PLEASE PRINT NAME

Principal-Signature

PLEASE PRINT NAME

PTA/Sponsor-Signature

PLEASE PRINT NAME

Art Teacher-Signature

PLEASE PRINT NAME

Artist-Signature

PLEASE PRINT NAME

**THE COMPLETED CHECKLIST MUST BE SUBMITTED PRIOR TO THE START
OF THE RESIDENCY TO:**

AiE Program Director, MSAC, 175 W. Ostend Street, Suite E, Baltimore, MD 21230.