

MARYLAND STATE ARTS COUNCIL

2019-20 Arts in Education Program Orientation Meeting Checklist and Residency Information

INSTRUCTIONS: Please email **FIRST PAGE ONLY** to precious.blake@maryland.gov prior to residency start date.)

Artist or Group Full Name _____

TYPE of Residency: _____
(Performing Arts, Visual Arts, Poetry, Playwriting)

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 Installation or Student Showcase:	

CONTACT INFORMATION		
Name (where applicable)	Telephone	Email
Principal		
Site Coordinator		
PTA/Sponsor		
Art Teacher		
Artist/Company		

Number of Students:	Number of Students:
Time:	Time:

Parking for Artist: _____

Number of Scheduled Breaks: _____ Scheduled Lunch Time: _____

Performance Space (performing artists only): _____

Artist's Working Space (all artists): _____

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: _____

DATE OF MEETING EVALUATION – please schedule it now. This meeting must take place with all parties meeting in person to go over the form the artist will provide:

Date: _____ **Time:** _____

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

PLEASE EMAIL THE FIRST PAGE TO precious.blake@maryland.gov and make copies for the artist and school for reference.