

# ERIE 1 BOCES ARTS IN EDUCATION PROGRAM REQUEST FORM

**PLEASE RETURN FORM TO:** DEBBIE SCHWEIGERT  
 ARTS IN EDUCATION  
 ERIE 1 BOCES  
 355 HARLEM ROAD  
 WEST SENECA, NY 14224

**TO BE USED FOR ALL ARTS IN EDUCATION PROGRAMS (Coser 447)**

**PLEASE NOTE:** We appreciate your cooperation regarding the following:  
 This request must be received by Erie 1 BOCES at least six (6) weeks PRIOR to the event being scheduled. Faxed requests will not be accepted. IT IS NOT POSSIBLE TO MAKE EXCEPTIONS. This request must be signed by the IDAB representative for Arts in Education ONLY.

DISTRICT SCHOOL

TEACHER REQUESTING PROGRAM

PHONE # EMAIL ADDRESS:

DISTRICT ARTS IN EDUCATION ADMINISTRATOR

PHONE # EMAIL ADDRESS:

PROGRAM REQUESTED

DATE REQUESTED DATE RECEIVED BY BOCES

**1. TYPE OF PROGRAM (check all that apply)**

| IN SCHOOL   | OUT OF SCHOOL | ART FORM(S)       |             |
|-------------|---------------|-------------------|-------------|
| Performance | Tour          | Music             | Mime        |
| Workshop    | Tickets       | Dance             | Visual Arts |
| Residency   | Field Trip    | Theater           | Media Arts  |
|             | Other:        | Interdisciplinary | Other:      |

2. DATE(S) OF PROGRAM

3. NUMBER OF STUDENTS GRADE(S) NUMBER OF TEACHERS

4. **PREPARATION:** How will you and your students prepare for this program/activity?

5. **LEARNING TARGET/OUTCOMES:** Briefly describe what students will learn from this activity and the role the activity plays.

6. **ANCHOR STANDARDS FOR THE ARTS** (Choose all that apply):

1. Generate and conceptualize artistic ideas and work.
2. Organize and develop artistic ideas and work.
3. Refine and complete artistic work.
4. Analyze, interpret, and select artistic work for presentation.
5. Develop and refine artistic work for presentation.
6. Convey meaning through the presentation of artistic work.
7. Perceive and analyze artistic work.
8. Interpret intent and meaning in artistic work.
9. Apply criteria to evaluate artistic work.
10. Synthesize and relate knowledge and personal experiences to make art.
11. Relate artistic ideas and works with societal, cultural, and historical context to deepen understanding

7. **OTHER STANDARDS AND APPROPRIATE CURRICULAR CONNECTIONS** (if any):

PLEASE NOTE: The following information must be completed in full (even if you supplied this information previously) in order for a contract to be issued. Failure to provide all information will result in the request being returned to you.

**5. NAME OF ARTIST/AUTHOR/GROUP/PROGRAM**

**6. NAME** (to appear on check from BOCES)

ADDRESS

CITY/STATE/ZIP

TELEPHONE

EMAIL

SOCIAL SECURITY NUMBER (for individuals)

FEDERAL ID# (for groups)

**FOR INDIVIDUALS**

|   |  |
|---|--|
| Member of NYS Retirement System:<br><b>YES NO</b> | Ever had a contract with Erie 1 BOCES<br>before: <b>YES NO</b> |
| If yes: TRS/ERS #                                 | Been finger printed: <b>YES NO</b>                             |
| Retired: <b>YES NO</b>                            |  |

**7. PLEASE DESCRIBE SERVICES TO BE PROVIDED:**

DATE(S)

TIME

GRADE(S)

# OF PERFORMANCES

# OF WORKSHOPS

LOCATION

**8. TICKETS OR EDUCATIONAL PROGRAM FEES:**

NUMBER OF TICKETS RESERVED

COST OF EACH TICKET

Or PROGRAM FEE:

TOTAL COST

**9. TOTAL AMOUNT** (requested from BOCES) \_\_\_\_\_

10. APPROVED BY

DISTRICT ADMINISTRATOR NAME - PRINT

DISTRICT ADMINISTRATOR SIGNATURE

DATE

For assistance with this form, contact: Debbie Schweigert (716) 821-7188 or dschweigert@e1b.org