



# ARTS EDUCATION PROGRAM CONTRACT INSTRUCTOR PROPOSAL FORM

This proposal form may be returned to the Arts Education Program at the Grand Theatre Center for the Arts, 715 Central Ave, Tracy. For questions, please call the Arts Education Coordinator at (209) 831-6279.

## INSTRUCTOR INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone & Email: \_\_\_\_\_

How many courses and/or workshops are you proposing to offer in the next session? \_\_\_\_\_  
(Please complete a separate form for each)

## COURSE INFORMATION

Course/Workshop Title: \_\_\_\_\_

Has this course/workshop been offered in the past? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Course Description (Please write this section as a CATALOG DESCRIPTION):

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Special Room Requirements for course/workshop: \_\_\_\_\_

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## COURSE PARTICIPANTS

Minimum number of students: \_\_\_\_\_ Maximum number of students: \_\_\_\_\_

Minimum age of students: \_\_\_\_\_ Maximum age of students: \_\_\_\_\_

Are students required to bring/wear anything to class? \_\_\_\_\_ If yes, what? \_\_\_\_\_

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**Preferred Class Day(s) and Times:**

1st Choice, Day(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

2nd Choice, Day(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

3rd Choice, Day(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Preferred Dates for Course Sessions:**

(Please list each date within the session)

Session 1: \_\_\_\_\_

Session 2: \_\_\_\_\_

Session 3: \_\_\_\_\_

**COURSE FEES**

Recommended Registration Fee for this course: \_\_\_\_\_

(Please note a \$5 administration fee may be added to the cost of your course.)

Does this course have an added Supply Fee? \_\_\_\_\_ If yes, what is the cost per student? \_\_\_\_\_

What supplies will be provided during this course? \_\_\_\_\_

**ADDITIONAL INFORMATION**

Do you wish to hold a concluding event? \_\_\_\_\_ If yes, please complete an Arts Education Event Request Form.

Please Note: Events held outside the normal class time/classroom are subject to Grand staff approval and facility availability.

Please share any additional notes about your proposed course here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Staff Use Only*

Received: \_\_\_\_\_ Active Entry: \_\_\_\_\_ Word Doc Entry: \_\_\_\_\_

Resident Course Fee: \_\_\_\_\_ Non-Resident Course Fee: \_\_\_\_\_ Facility: \_\_\_\_\_

**Youth Addendum: If you are proposing a course for students 17 years or younger, you must supply the following information.**

Proposed Course: \_\_\_\_\_

Age Group: \_\_\_\_\_ Have you taught this course before? \_\_\_\_\_

If yes, Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Instructional Level: (Circle all that apply)    Beginning    Intermediate    Advanced    Seminar/Workshop

**CALIFORNIA VAPA STANDARDS**

Briefly explain how this class may connect to California VAPA (Visual and Performing Arts) standards (State arts education standards). Does the class/workshop do the following in an age-appropriate way?

1. Enhance students' artistic perception - if so, how?
2. Enable creative expression - if so, how?
3. Educate students about the historical and cultural context of your art form - if so, how?
4. Increase students' ability to make informed aesthetic judgments - if so, how?
5. Draw connections between your art form and other art forms or other subjects - if so, how?

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**PROGRAM OUTCOMES**

List up to 3 outcomes, by priority, using measurable action phrases such as: define, demonstrate, name, analyze...  
"As a result of their experience in this program, participants will be able to..."

1: \_\_\_\_\_  
\_\_\_\_\_

2: \_\_\_\_\_  
\_\_\_\_\_

3: \_\_\_\_\_  
\_\_\_\_\_

How will above outcomes be measured? \_\_\_\_\_  
\_\_\_\_\_