



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 Cultural Arts Program 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):

Special Room Requirements for course/workshop: _____

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? _____

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: _____

** We close at 8 pm on Mondays through Thursdays, 5 pm on Fridays, and 2 pm on Saturdays. We are closed on Sundays. **

COURSE FEES

Recommended Registration Fee for this course: _____

(Please note a 10% lab fee will be added to the cost of your course; minimum \$5.00.)

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?

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? _____
