



FY2017 Final Report
 Teaching Art Together Grant Program
Deadline: 30 days after the project end date

Grant Number: _____ Fiscal Year: **2017**

School Name: _____

Mailing Address: _____

City: _____ State: **KY** Zip _____

Contact Person for this report: _____

Phone Number: _____ Email: _____

Activity Dates Begin: _____ End: _____

Number of individuals who directly engaged with the arts through this grant
 Youth: _____ Adult: _____

Number of artists directly involved in this activity: _____

Name of Artist(s) _____

If professional development was provided, how many hours of professional development were provided to how many teachers.
 Hours _____
 Teachers _____

Instructions for Completing Final Report Narrative

Please respond to each of the narrative items on no more than three standard-size (8 1/2 x 11 inches) single-sided pages with minimum one-inch margins on all sides. Use minimum 11-point type. Standard fonts such as Times, Helvetica, Arial or Courier are recommended.

To assist in reading your narrative, duplicate narrative item and the number of each item before your response. Include complete information for each item, in the order listed, when completing your narrative. Place the school's name and the words "FY2017 Teaching Art Together Final Report" in the upper right-hand corner of each page. Please note that line spaces between responses to the narrative items make the narrative much easier to read.

Narrative

Impact/Evidence

- Describe how the student was engaged in the hands-on creation of art.
- Describe how the teacher participated in the creative process.
- Describe the residency tied to the Kentucky Academic Standards for the Arts and/or English Language Arts.
- Describe how the residency tied to the Arts and Humanities Program Review and/or Writing Program Review.
- Parent and community awareness of the residency.

Documentation and Credit

- How did you satisfy the Kentucky Arts Council credit requirement? Attach copies of legislative letters, advertisements, newsletters, website links, etc., containing the credit line and logo.

Teacher Evaluation of Artist(s)

Please fill out an evaluation sheet for each residency artist. Artist Name:

Artist Name: _____

Teacher: _____

Art Form: _____

Residency Dates Begin: _____ End: _____

1. The artist involved students in the creative process through hands-on activities.

Comments:

2. The artist provided a supportive environment that encouraged student participation.

Comments:

3. The artist connected the residency activities to the Kentucky Academic Standards for the Arts and the Visual and Performing Arts Program Review.

Comments:

4. The artist developed good rapport with teacher(s), students, and parents.

Comments:

5. The artist demonstrated thorough knowledge and high skill level in his/her art form.

Comments:

6. The artist's conduct exemplified good habits by being courteous, trustworthy, prompt and helpful.

Comments:

Application Signatures

I certify that I am legally authorized to submit this report on behalf of the grantee and that the foregoing statements and enclosures are true and complete to the best of my knowledge.

Preparer's Signature: _____ Date: _____
All signatures must be in RED ink.

Type Name: _____ Title: _____

Mail completed Final Report to:

Kentucky Arts Council
1025 Capital Center Drive
Third Floor
Frankfort, KY 40601
502-564-3757
Toll free: 888-833-2787