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FOR BOCES USE ONLY:  
PO # \_\_\_\_\_  
W9 \_\_\_\_\_  
INV/SIG: \_\_\_\_\_

**ARTS-IN-EDUCATION/EXPLORATORY ENRICHMENT CLAIM FORM**

No payment can be made without this form. In addition, checks will not be sent without the original, signed contract, invoice in lieu of artist signature if necessary, and a current W9 form if none is on file.

Please submit as soon as possible when the event has concluded to assure prompt payment)

Submit this form by fax or email, according to your district process, to:

Maria DeWald, Arts in Education/Exploratory Coordinator, as above, OR your District Coordinator

**Provider Information:** Please enter the name of the person/organization for whom the check will be issued. The information provided on these lines must exactly duplicate the information on the original, signed contract and W9. If there has been a change, please complete a Modification Form.

Artist/Vendor/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail/website \_\_\_\_\_

**Program Information:** District: \_\_\_\_\_ School: \_\_\_\_\_

**EXACT** Date(s) of Program: \_\_\_\_\_

Title of Program: \_\_\_\_\_

**Payment Due Artist/Vendor:**

Fee (AIE): \_\_\_\_\_ or Site-Based Fee (EE) \_\_\_\_\_

**Affirmation of Completed Program:** Signatures below confirm the Arts in Education/Exploratory Enrichment program was completed as described in the original signed contract. Please remit payment.

**Artist/Vendor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please have an administrator, Arts in Education/Exploratory Enrichment Coordinator or participating teacher verify and sign that the program has been completed.

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

Title/Position: \_\_\_\_\_

School: \_\_\_\_\_

Signature: \_\_\_\_\_

**Every effort shall be made to remit payment within 45 days of receipt of this form unless other arrangements have been made.**

\*Optional Comments by the artist/vendor/teacher/administrator may be listed on the appropriate form below

**ARTIST/VENDOR COMMENTS:**

Please rate the following items: Yes, No, U undecided, or N/A not applicable:

Did the teacher contact you, and plan with you, before the presentation? \_\_\_\_\_

Were you able to do your presentation as planned (i.e. start time, content, finish, Q&A)? \_\_\_\_\_

Was the school prepared for you with the space, equipment, assistance, etc. you required? \_\_\_\_\_

Did teachers remain with their classes during your presentation? \_\_\_\_\_

Did teachers assist in maintaining students' appropriate conduct during your presentation? \_\_\_\_\_

Were students attentive during your presentation? \_\_\_\_\_

Was it apparent that teachers had used provided study guide/support materials to prepare the students? \_\_\_\_\_

Please discuss the positive and negative aspects of your experience as an artist in this school.

POSITIVE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEGATIVE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What recommendations do you have regarding improving this school setting to enable you to offer more of your expertise to students and teachers?

Please include any comments regarding student reactions to your program. (use back of form if needed)

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**TEACHER/ADMINISTRATOR COMMENTS FOR AIE PROGRAM:**

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_  
Name printed: \_\_\_\_\_ Position \_\_\_\_\_

Completing form on behalf of grade(s) \_\_\_\_\_ or all students attending \_\_\_\_\_  
Number of students this (these) presentation(s) reached: \_\_\_\_\_ Grade(s) \_\_\_\_\_  
Number of teacher hours spent planning and participating in presentation(s): \_\_\_\_\_  
Were there staff development activities involved? \_\_\_\_\_

Please rate the program according to the criteria listed below:  
1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = outstanding, N/A= not applicable

**STUDENT RESPONSE:** Artist engaged students' interest and attention; applause and laughter was genuine and enthusiastic; restlessness was minimal; when invited to participate, students were eager; questions to artists indicated that students understood the presentation \_\_\_\_\_

**ARTISTIC QUALITY:** Artist demonstrated skill and dedication to their art; repertoire was appropriate and well-chosen for students' age and interest levels; art form was presented in an attractive, enjoyable, artistic \_\_\_\_\_

**EDUCATIONAL QUALITY:** Artist helped students to understand aspects of the creative/topic-related process; artist related their art forms and repertoire to students' context and real-life experiences; relationships between art and other curriculum were clear; artists helped children to see/hear with greater discrimination \_\_\_\_\_

**ARTISTS' INTERACTION WITH STUDENTS:** Artist(s) appeared to genuinely enjoy working with children; artist encouraged students to participate in the program and helped them to do so in a meaningful way; artists listened attentively during students' question and answer period; artists used vocabulary terms which were within the grasp of students \_\_\_\_\_

**TECHNICAL QUALITY OF PROGRAM:** Speakers could be easily heard; performers could be seen; lighting, props and sound effects were effective; costumes were imaginative, colorful and appropriate; elements of surprise and humor were included in presentation; program was well-paced; performers began and ended on time \_\_\_\_\_

**QUALITY OF STUDY GUIDES / SUPPORT MATERIALS:** Materials were provided for teachers and/or students; they were attractive, well-designed and clear; materials arrived at least two weeks before the program; materials included suggestions for teachers which were helpful in preparing students for the program; follow-up activities were provided; guide included information about the artists, their repertoire, vocabulary terms, bibliography, resources for teachers and students

**Would you recommend this program to other school districts?** \_\_\_\_\_

**Do you feel this program demonstrated arts for arts sake or taught another discipline through the arts and should be approved again through the Arts Co-Ser?** \_\_\_\_\_

**What did you like best about this program? (use back of form if needed)**

**TEACHER/ADMINISTRATOR COMMENTS FOR EXPLORATORY ENRICHMENT PROGRAM:**

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_  
Name printed: \_\_\_\_\_ Position \_\_\_\_\_

Completing form on behalf of grade(s) \_\_\_\_\_ or all students attending \_\_\_\_\_  
Number of students this (these) presentation(s) reached: \_\_\_\_\_ Grade(s) \_\_\_\_\_  
Number of teacher hours spent planning and participating in presentation(s): \_\_\_\_\_  
Were there staff development activities involved? \_\_\_\_\_

Please rate the program 1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = outstanding, N/A= not applicable for each area

**STUDENT RESPONSE:** Vendor engaged students' interest and attention; applause and laughter was genuine and enthusiastic; restlessness was minimal; when invited to participate, students were eager; questions to vendor indicated that students understood the presentation \_\_\_\_\_

**PROFESSIONAL QUALITY:** Vendor demonstrated skill and dedication to their field of expertise; repertoire was appropriate and well-chosen for students' age and interest levels; material was presented in an attractive, enjoyable, professional manner \_\_\_\_\_

**EDUCATIONAL QUALITY:** Vendor helped students to understand aspects of their topic process; vendor related their expertise/repertoire to students' context and real-life experiences; relationships between their field and other curriculum were clear; vendor helped children to see/hear with greater discrimination \_\_\_\_\_

**VENDOR' INTERACTION WITH STUDENTS:** Vendor(s) appeared to genuinely enjoy working with children; vendor encouraged students to participate in the program and helped them to do so in a meaningful way; vendors listened attentively during students' question and answer period; vendors used vocabulary terms which were within the grasp of students \_\_\_\_\_

**TECHNICAL QUALITY OF PROGRAM:** Speakers could be easily heard; presentors could be seen; lighting, props and sound effects were effective; elements of surprise and humor were included in presentation; program was well-paced; presenters began and ended on time \_\_\_\_\_

**QUALITY OF STUDY GUIDES / SUPPORT MATERIALS:** Materials were provided for teachers and/or students; they were attractive, well-designed and clear; materials arrived at least two weeks before the program; materials included suggestions for teachers which were helpful in preparing students for the program; follow-up activities were provided; guide included information about the vendor's field of expertise, vocabulary terms, bibliography, resources for teachers and students

**Would you recommend this program to other school districts?** \_\_\_\_\_

**Do you feel this program demonstrated a field of expertise aligned with the curriculum, enriched student appreciation/understanding of the discipline, and should be approved again through the Exploratory Enrichment Co-Ser?** \_\_\_\_\_

**What did you like best about this program? (use back of form if needed)**