



SHEA'S IN SCHOOLS OUTREACH PROGRAM

Application 2017-2018

Please complete the information below in order to be considered for this program.

The goal of the Shea's in Schools program is to support educators by providing educational arts programming that supports curriculum. The information provided here will allow us to determine the individual needs of each teacher and whether or not our program is suitable for their students and specific needs. Please note that the socio-economic circumstances of a school or its' students is not a determining factor in whether or not a class is selected to participate in the Shea's in Schools program.

School Name: _____

School Address (including zip code): _____

School Phone Number: _____

Contact Name: _____ Position: (teacher, coordinator, parent etc.) _____

Contact Phone Number: _____ Contact E-mail Address: _____

Is Your School a Title I School? Yes No Number of students in your school: _____

Percentage of students who receive free or reduced price lunch: _____ %

Grade(s) Participating: _____ Number of Workshops Requested: _____

Number of classes that are participating in the selected program.

Number of Students per workshop (min. 10; max. 30 depending on type of workshop selected): _____

Program Requested (check one)

Shea's on Stage (1 Day Program)

By the Book (2 Day Residency: Grades 1-6) 1 Day for grades K-2

Imagination Exploration (1 Day Program: Grades K-2)

Outside the Box (1-2 Day Residency: Grades 3-6)

Reader's Theatre (5 Day Residency: Grades 3-12)

High School Program (1-2 Day Residency: Grades 9-12)

Acting, Character Analysis, Careers in the Arts or a custom designed program

*For descriptions of the workshops listed above please visit www.sheas.org and click "Education Program" then click "Shea's in Schools" on the sidebar to the left
or contact Jennifer Fitzery at jfitzery@sheas.org or at 716-829-1152*

How would this program fit into your lessons, curriculum or class work? (Please be specific)

What educational outcomes would you like your students to achieve through their participation in this program?

Do you have any students with special needs (physical, mental or emotional)? If yes, please describe. _____

Location of Workshop: _____

*Please note: an open space free of desks, tables and chairs such as a gymnasium, cafeteria (with tables moved aside), or empty classroom (with no desks or chairs) is best suited for most workshops. If these are not available the teacher's classroom may be used (depending on class size) but desks, tables and chairs must be moved out of the way **prior** to the teaching artist's arrival.*

Where should the Teaching Artist park and enter? _____

Where should the Teaching Artist report and who should she ask for? _____

Do you have a CD player, DVD player or computer with flash drive available if requested? YES NO

Please list the names of the teachers along with their e-mail addresses whose classes will be participating in the workshops.

TEACHER NAME

E-MAIL ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list three potential dates and times you would like to present a program. When scheduling a multi-day program please list successive dates. Dates fill up quickly. A minimum of two weeks' notice is required based on when the application is received. *Workshops are typically scheduled between 10:00 am – 4:00 pm.*

- | | |
|----------|-----------------------|
| 1) _____ | Preferred Times _____ |
| 2) _____ | Preferred Times _____ |
| 3) _____ | Preferred Times _____ |

Workshops are booked based on the school and Teaching Artist's schedule. Multi-day programs must be scheduled on successive days. If the above dates or times do not fit into the teaching artist's schedule she will contact you to schedule alternate dates. Please note that a pre-workshop meeting via phone may be required.



WORKSHOP REQUIREMENTS AND INFORMATION

Please review and initial at the bottom.

In order to provide your students with the best learning experience possible it is important that all educators involved take an active part in planning the program. It is also imperative that students know that a guest from Shea's is coming and that they have an understanding of what the workshop will involve.

- Shea's in Schools Outreach Program is available to all schools within 45 minutes driving distance from Shea's.
- A minimum of 10 students is required to book a workshop. Workshops should not exceed 30 students.
- Please alert the Shea's Teaching Artist about any students with special needs at the time of booking.
- A pre-workshop meeting with the Shea's Teaching Artist and all participating teachers may be necessary. This may be done face to face or via conference call.
- No more than three workshops can be conducted in one day.
- A total of no more than 30 minutes may be scheduled between classes (*ex. if the teaching artist is scheduled to teach 3 workshops on one day 10 minutes between the first and second workshop and 20 minutes between the second and third workshop would be a total of 30 minutes for the day*).
- The classroom teacher or a school representative must be present in the classroom with the Shea's Teaching Artist at all times.
- Workshops run between 30-45 minutes depending on grade level and type of program requested.
- The workshop space must be set up prior to the teaching artist's arrival. Most workshop activities require space to move around.
- Please inform your students ahead of time that a guest from Shea's will be visiting your class, what the purpose of the visit is and what it will entail.
- Workshops are scheduled based your class schedule and the schedule of the Shea's Teaching Artist.
- If you need to cancel a workshop please contact Jennifer Fitzery, Shea's Senior Education Associate, at 716-829-1152 or at jfitzery@sheas.org at least 24 hours in advance.

By initialing below I acknowledge that I have read and accept the requirements above.

Contact Initials: _____

**Please return the entire application to Jennifer Fitzery, Senior Education Associate,
via e-mail at jfitzery@sheas.org or fax to 716-847-1644**

**You may also mail your application to
Shea's Performing Arts Center
Attn: Jennifer Fitzery
P.O. Box 1130
Buffalo, NY 14205**

Please keep a copy of this for your records.