



Confirmation Form: LEAP CADRE CADRE 21

Site Name: _____ Site # _____

Site Supervise/Teacher: _____ E mail: _____

Site Address: _____ Site Phone # _____

Teaching Artist Name: _____ E mail: _____

Artist Phone # _____ Grade: _____ Group #: _____ # of Students: _____

Name of IU/Academic and Art Areas: _____

	Date	Date of Week	Time
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

*remember to notify CCE of any schedule changes during the course of this collaboration

As part of our partnership to serve the children of P.B. County, I agree to support the efforts of CCE and its teaching artists by doing the following:

- Provide teaching artists with a full list of students (first, last names, and their grade levels) prior to beginning of IU/Unit.
- Designate a staff member/classroom teacher to participate in all classes and assist the Teaching Artist.
- Cancel sessions for any reason with 24-hour notice.
- Agree to the conditions and critical requirements listed in the Catalog for this IU, if applicable.
- I agree to conduct an observation of this teaching artist during the current semester.

I AGREE TO THE ABOVE: _____ / _____
Site Supervisor / Teacher Date

CCE Signatures: _____ / _____ , _____ / _____
Teaching Artist Date Program Coordinator Date

*The following forms must accompany this form no later than one (1) week prior to starting the Program activity; or on the date specified by the program.

- Principal Agreement (LEAP Only)
- Teacher Agreement (LEAP Only)
- Photo Release Form
- Lesson Plan (if not currently on file)

Clean Form.