



# Confirmation Form: LEAP CADRE

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 <small>MM/DD/YY</small>	Date of Week	Time <small>HH:MM</small>
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 MM/DD/YY*

CCE Signatures: \_\_\_\_\_ / \_\_\_\_\_ , \_\_\_\_\_ / \_\_\_\_\_  
*Teaching Artist Date MM/DD/YY Program Manager Date MM/DD/YY*

**\*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.**

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

Submit Form

**Confirmation Form: LEAP / CADRE**