



# CADRE Confirmation Form

<b>Site Name:</b>		
<b>Site Director/Supervisor:</b>	<b>Email:</b>	
<b>Site Phone:</b>	<b>Site Address:</b>	
<b>Teaching Artist:</b>	<b>Email:</b>	
<b>Artist Phone:</b>	<b>Name of Instructional Unit (IU):</b>	
<b># of Students:</b>	<b>Grade Level(s):</b>	<b>Virtual <input type="checkbox"/> or In-Person <input type="checkbox"/></b>
<b>If virtual, what platform will you be using? (Zoom, Google Meet, etc.)</b>		<b>Who will set up the sessions?</b>

	<b>Date (mm/dd/yy)</b>	<b>Day of Week</b>	<b>Time</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			

As part of our partnership to serve the children of Palm Beach 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 the beginning of the unit (when possible).
- Designate a staff member/teacher/counselor to participate in all classes and assist the Teaching Artist.
- Provide 24-hour notice if a session needs to be canceled or rescheduled.
- Agree to the conditions and critical requirements listed in the catalog for this IU, if applicable.
- I agree to conduct an observation of the Teaching Artist during one of the agreed upon sessions in this confirmation.

I agree to the above: \_\_\_\_\_ / \_\_\_\_\_  
*Site Director/Supervisor* *Date (mm/dd/yy)*

CCE Signatures: \_\_\_\_\_ ; \_\_\_\_\_  
*Teaching Artist/Date (mm/dd/yy)* *Program Manager/Date (mm/dd/yy)*