

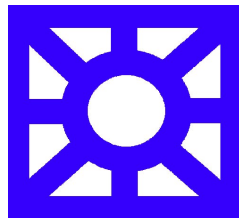
# City of North Charleston Cultural Arts Department

## SCHOOL OUTREACH PROGRAM

### HOW YOUR SCHOOL CAN PARTICIPATE\*\*

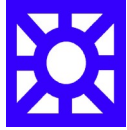
- The School Liaison (appointed by the principal) works with teachers to select a Performing Artist, a Literary Artist, and/or the Visual Artist from the School Resource Book for the 2023/2024 school year.
- The School Liaison completes the appropriate request form to indicate the type of program selected by the school. (Forms are located in this resource book folder and on the website.)
- The principal or assistant principal must approve and sign each request form before it is submitted to the Cultural Arts Department. Our Department will contact the school to confirm the arrangements we make with the artist or performer in accordance with each school request. On each form, please indicate two options in the event that one is not available. If there are any difficulties in procuring the services of the requested artists, we will notify the school as soon as possible.
- **Cancellation Policy:** Once a booking is confirmed and under contract, cancellation or rescheduling of the agreed date by the school for any reason other than an act of God (an inevitable, unpredictable, and unreasonably severe event caused by natural forces without any human interference, and over which an insured party has no control, such as an earthquake, flood, hurricane, lightning, snowstorm) may result in the school's forfeiting participation in the outreach program for that year. Refer to Resource Book, pg. 3, for definition.

***\*\*PLEASE NOTE: No other performer, agent, or artist should contact your school asking for participation or booking as a part of our program. Artists listed in the School Resource Book have been approved prior to their inclusion, and their fees will be paid by the City of North Charleston. Other outside bookings may not be covered under this FREE program without prior approval, but substitutions are possible on a case-by-case basis. Contact our office at the number listed below with any questions.***

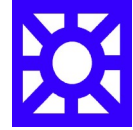


City of North Charleston Cultural Arts Department  
P.O. Box 190016  
North Charleston, SC 29419-9016  
Phone: (843) 740-5851 or (843) 740-5854  
Fax: (843) 529-2291  
Email: [mmartin@northcharleston.org](mailto:mmartin@northcharleston.org)

For a complete listing of programs and services, visit  
[www.northcharleston.org](http://www.northcharleston.org).



City of North Charleston Cultural Arts Department  
SCHOOL OUTREACH PROGRAM  
PERFORMING ARTIST



PA Request Form

Request form must be completed, signed by the principal and school liaison, and returned to the  
North Charleston Cultural Arts Department.

FAX: (843) 529-2291; EMAIL: mmartin@northcharleston.org

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

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

School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Principal: \_\_\_\_\_

School Liaison: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

Performing Artist Requested  
(Provide 2 options.)

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

Date and Time of Performance or Workshop  
(Provide 2 options.)

1<sup>st</sup> Choice: \_\_\_\_\_  
Date Time

2<sup>nd</sup> Choice: \_\_\_\_\_  
Date Time

Type of Event: School Assembly Workshop Other: \_\_\_\_\_

Grade Levels: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

The signatures below indicate the school's acknowledgement of request for participation in these  
FREE art programs provided by the City of North Charleston. The school will ensure that  
students, faculty, and the class site are prepared for the arrival of our scheduled artist visit(s) on  
the date confirmed by the Cultural Arts Department.

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

School Liaison: \_\_\_\_\_ Date: \_\_\_\_\_

Cultural Arts Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Cultural Arts Office Use: Date Confirmed w/ Artist \_\_\_\_\_ w/ School \_\_\_\_\_

Cancellation Policy: Once a booking is confirmed and under contract, cancellation or rescheduling of the  
agreed date by the school for any reason other than an act of God (refer to Resource Book, pg. 3, for  
definition) may result in the school's forfeiting participation in the outreach program for that year.



City of North Charleston Cultural Arts Department  
SCHOOL OUTREACH PROGRAM  
LITERARY ARTIST/STORYTELLER  
LA Request Form



Request Form must be completed, signed by the principal and school liaison, and returned to the  
North Charleston Cultural Arts Department.  
FAX: (843) 529-2291; EMAIL: mmartin@northcharleston.org

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

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

School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Principal: \_\_\_\_\_

School Liaison: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

Literary Artist Workshop OR Storyteller Performance Requested  
(Provide 2 options.)

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

Date and Time of Performance or Workshop  
(Provide 2 options.)

1<sup>st</sup> Choice: \_\_\_\_\_  
Date Time

2<sup>nd</sup> Choice: \_\_\_\_\_  
Date Time

Type of Event: School Assembly Workshop Other: \_\_\_\_\_

Grade Levels: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

The signatures below indicate the school's acknowledgement of request for participation in these FREE art programs provided by the City of North Charleston. The school will ensure that students, faculty, and the class site are prepared for the arrival of our scheduled artist visit(s) on the date confirmed by the Cultural Arts Department.

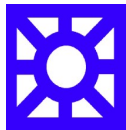
Principal: \_\_\_\_\_ Date: \_\_\_\_\_

School Liaison: \_\_\_\_\_ Date: \_\_\_\_\_

Cultural Arts Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Cultural Arts Office Use: Date Confirmed w/ Artist \_\_\_\_\_ w/ School \_\_\_\_\_

Cancellation Policy: Once a booking is confirmed and under contract, cancellation or rescheduling of the agreed date by the school for any reason other than an act of God (refer to Resource Book, pg. 3, for definition) may result in the school's forfeiting participation in the outreach program for that year.



City of North Charleston Cultural Arts Department  
SCHOOL OUTREACH PROGRAM



VISUAL ARTIST

VA Request Form

Request Form must be completed, signed by the principal and school liaison, and returned to the  
North Charleston Cultural Arts Department.

FAX: (843) 529-2291; EMAIL: mmartin@northcharleston.org

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

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

School Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Principal: \_\_\_\_\_

School Liaison: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

Visual Artist AND Special Art Project Requested  
(Provide 2 options.)

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

Date and Time of Workshop or Project  
(Provide 2 options.)

1<sup>st</sup> Choice: \_\_\_\_\_  
Date Time

2<sup>nd</sup> Choice: \_\_\_\_\_  
Date Time

Grade Levels: \_\_\_\_\_ Expected Number of Participants/Attendees: \_\_\_\_\_

The signatures below indicate the school's acknowledgement of request for participation in these FREE art programs provided by the City of North Charleston. The school liaison will ensure that students, faculty, and the class site are prepared for the arrival of our scheduled artist visit(s) on the date confirmed by the Cultural Arts Department.

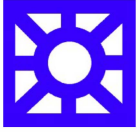
Principal: \_\_\_\_\_ Date: \_\_\_\_\_

School Liaison: \_\_\_\_\_ Date: \_\_\_\_\_

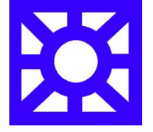
Cultural Arts Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Cultural Arts Office Use: Date confirmed w/ Artist \_\_\_\_\_ w/ School \_\_\_\_\_

*Cancellation Policy: Once a booking is confirmed and under contract, cancellation or rescheduling of the agreed date by the school for any reason other than an act of God (refer to Resource Book, pg. 3, for definition) may result in the school's forfeiting participation in the outreach program for that year.*



City of North Charleston Cultural Arts Department  
SCHOOL OUTREACH PROGRAM  
PROGRAM EVALUATION FORM



(Site Contact: Please copy and complete for each program received and return for our records.)

PROGRAM/ARTIST: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

**ATTENDANCE:**

# of Artists: \_\_\_\_\_ # of Students: \_\_\_\_\_ # of Educators: \_\_\_\_\_ # of Other (Parents, etc.): \_\_\_\_\_

Total # of Attendees: \_\_\_\_\_

GRADE LEVELS PRESENT: \_\_\_\_\_

**CIRCLE ALL THAT APPLY TO YOUR PROGRAM:**

Was the scheduling of this program completed in a professional manner?	Yes	No
Were questions answered in a timely manner and professionally?	Yes	No
Do you feel this program was suitable for the audience age group?	Yes	No
Did the presentation challenge your audience?	Yes	No
Was the artist punctual, prepared, and easy to work with?	Yes	No

**PLEASE RATE THE ARTIST(S) BY CIRCLING THE APPROPRIATE NUMBER FOR EACH CATEGORY:**

	EXCELLENT	GOOD	FAIR	POOR
Professionalism	4	3	2	1
Educational value	4	3	2	1
Participation with students (Interactive/Hands-On)	4	3	2	1
Artist's response (Artist was able to answer audience questions in an effective manner.)	4	3	2	1
Audience response (Artist was able to generate audience interest and excitement in learning.)	4	3	2	1

TOTAL SCORE: \_\_\_\_\_

List any problems encountered: \_\_\_\_\_

Please list any suggestions for improvement: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

Please mail, email, or fax to:

City of North Charleston Cultural Arts Department

P.O. Box 190016

North Charleston, SC 29419-9016

Fax: (843) 529-2291 Phone: (843) 740-5851 or (843) 740-5854 Email: mmartin@northcharleston.org