

Exploratory Enrichment Scheduling Process

Follow the steps below for your *Exploratory Enrichment* learning experience:

1. Check the *AIE/EE Directory* at www.artsineddirectory.org to determine if the provider has been approved by BOCES. If the provider is not listed in the Directory, contact our office. Please note the performer ID # as it will be needed to your forms.
2. Send the **Scheduling Form**, signed by the authorized district rep. (e.g. principal or superintendent), to our office **at least three weeks prior to the date** of the performance.
3. A completed *Exploratory Enrichment* Learning Standards Checklist Form needs to be completed and sent to us as well.
4. On the day of the presentation, the presenter completes the **Presenter Payment Form** including social security number, address, amount due and signature. Please have the authorized district employee sign as well. The presenter must also provide an invoice.
5. Return the Presenter Payment Form, and the invoice, immediately.
6. Complete the *Exploratory Enrichment* Program Evaluation Form and send it to our office.

Please notify our office if the performance is cancelled or rescheduled.

Exploratory Enrichment
Instructional Services
HFM BOCES
2755 State Highway 67
Johnstown, NY 12095
518.736.4360
518.736.4361 (fax)

Exploratory Enrichment
Scheduling Form

- Submit this scheduling form at **least three (3) weeks** prior to performance date.
- Please attach a completed Learning Standards Checklist to this form.

1. School Information

School Building: _____

District: _____

Performance Site:

(School, theater, museum)

School Contact Person: _____

Contact Phone Number: _____

Contact E-mail Address: _____

2. Presenter Information

Presenter Name: _____

Address: _____

Phone Number: _____

AIE Directory Presenter ID# _____

3. Performance Information

Performance Date(s): _____

Number of students performance will impact: _____

Program Title(s): _____

Program Type:

PERFORMANCE WORKSHOP(S) [1 Day] RESIDENCY [2-14 days] CONSULTING [15-90 days]

4. Presenter Payment Information

Amount due Presenter: _____

CHECK PAYABLE TO: _____

Authorized District Signature: _____

Date: _____

Please keep a copy of this form for your records.

RETURN TO:
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Exploratory Enrichment Learning Standards Checklist Form

Please return this form with the Scheduling Form.

Below are the New York State Learning Standards (with the exception of the Arts standards). Please check the Learning Standards that will be addressed through your *Exploratory Enrichment* activity. Make sure you complete the Curricular Objective section.

Students will demonstrate the knowledge and skills necessary for:

- Maintaining Personal Health and Fitness
- Maintaining a Safe and Healthy Environment
- Managing Personal and Community Resources

- Reading, Writing, Listening, and Speaking for Information and Understanding
- Reading, Writing, Listening, and Speaking for Literary Response and Expression
- Reading, Writing, Listening, and Speaking for Critical Analysis and Evaluation
- Reading, Writing, Listening, and Speaking for Social Interaction

- Using a Language Other Than English for Communication
- Developing Cross-Cultural Understanding

- Using Mathematical Analysis, Scientific Inquiry, and Engineering Design
- Managing Information Systems
- Understanding and Applying Mathematical Concepts and Principles
- Understanding and Applying Scientific Concepts and Principles
- Understanding and Applying Technological Concepts and Principles
- Understanding and Applying Common Themes across Mathematics, Science & Technology
- Interdisciplinary Problem-Solving

- Understanding the History of the United States and New York State
- Understanding World History
- Understanding the Geography of the World
- Understanding Economics
- Understanding Civics, Citizenship, and Government

- Planning a Career
- Applying Academic Learning in the Workplace and Other Settings
- Pursuing Career Options

Expected Learning Outcome: *(This objective must be completed):*

Please return this **Learning Standards Checklist Form** with the **Scheduling Form** to:

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2755 State Highway 67
Johnstown, NY 12095

HAMILTON-FULTON-MONTGOMERY BOCES

Exploratory Enrichment
Program Evaluation Form

RETURN IMMEDIATELY FOLLOWING THE LEARNING EXPERIENCE

Performer Name: _____

Type of Program: _____

Site of Program & **School/District**: _____

Date(s) of Program: _____ Grade Levels Participating: _____

Number of Students Involved: _____

Evaluation Completed By (circle one): Administrator Teacher Student Parent Other _____

EDUCATIONAL QUALITY OF THE PROGRAM

Was the program grade level appropriate? Yes No

Did the program relate to a curriculum area? Yes No

Were the students engaged, interested, and attentive? Yes No

Did the students understand the presentation? Yes No

Did the program meet your expectations? Yes No

If not, why? Explain _____

PERFORMER QUALITY

Did the performer interact well with students? Yes No

Did the performer encourage the students to participate? Yes No

Were the methods of presentation effective? Yes No

FOR WORKSHOPS AND RESIDENCIES:

Did the performer provide for hands-on experience? Yes No

Were materials provided prior to or following the experience? Yes No

Were the materials effective? Yes No

Did preplanning occur? Yes No

Did the performer effectively employ classroom management skills? Yes No

Did the performer effectively communicate with teachers and staff? Yes No

What was special about this program? _____

How did the experience benefit the students? _____

Would you recommend this program? Explain: _____

What was the relationship between the program and curriculum area? _____

Additional Comments: _____

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