**Health & Healing Track ONLY**

**To the Applicant:** Print three copies and complete the top portion on all copies. Distribute to three references to complete Evaluator section below.

Arts in Health (AIH) Artist Directory Applicant:

Full Mailing Address:

Primary Daytime Phone:  **[ ]** Home [ ]  Work [ ]  Cell

Email Address:

[ ]  I am applying to the Health & Healing Track (*please check box to confirm*).
***IMPORTANT:*** *if you are applying to the Public Health Track, please use the recommendation form designated for such.*

I hereby waive any right to examine this letter of recommendation. I realize that the New Hampshire State Council on the Arts will utilize this recommendation only in conjunction with consideration of my application to be on the Arts in Health Directory.

I agree to the above waiver: I do NOT agree to the above waiver:

Signature of Applicant Date Signature of Applicant Date

**To the Evaluator:** Thank you for providing a candid evaluation of the above-named artist’s preparation for and ability to succeed as an Arts in Health artist. If the applicant has agreed to the above waiver, the New Hampshire State Council on the Arts will hold the letter as confidential. When you have completed this form, please sign and return the original to the applicant *in a sealed envelope*. If you prefer to return this form directly to the Arts in Health Coordinator at the New Hampshire State Council on the Arts, please notify the applicant that you have sent it directly. **Please complete both pages of this recommendation form and use additional paper to respond to the following questions** (limit response to questions to no more than two typed pages).

1. How long have you known the applicant and in what capacity?
2. Briefly describe your observations of this artist working or teaching in an Arts in Health capacity. Include the name and/or type of facility where the applicant was working and what population(s) they were serving.
3. Please rate the applicant in the following areas:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Criteria | Unable to Judge | Below Average | Average | Good | Very Good | Outstanding |
| Communication skills (oral and written) |  |  |  |  |  |  |
| Planning/organizational skills |  |  |  |  |  |  |
| Work style (ability to creatively problem solve and adapt to challenging situations) |  |  |  |  |  |  |
| Professionalism (personal presentation, work style, and program materials)  |  |  |  |  |  |  |
| Ability to explain benefits of their art form in health & healing  |  |  |  |  |  |  |
| Rapport with program participants, facility staff, and project partners |  |  |  |  |  |  |
| Ability to connect and engage with persons of all ages and abilities |  |  |  |  |  |  |
| Criteria | Unable to Judge | Below Average | Average | Good | Very Good | Outstanding |
| Ability to adapt artistic presentation/activities to enable vulnerable persons and people of all abilities to engage and participate |  |  |  |  |  |  |
| Ability to maintain boundaries/confidentiality |  |  |  |  |  |  |
| Extensiveness of prior work experience in health care settings |  |  |  |  |  |  |
| Overall quality of artistic programming |  |  |  |  |  |  |
| Overall quality of artistic work |  |  |  |  |  |  |

1. Additional Comments: What else do you want us to know about this applicant’s work and qualifications to participate as an Arts in Health Directory artist?
2. Please check the category that most accurately summarizes your recommendation:

  Highly Recommend  Recommend  Recommend with reservations  I do not recommend the applicant

Evaluator's Signature Date

Name (Print)

Position/Title

Employer/Institution

Full Mailing Address

Primary Daytime Phone: Email

If returning directly to New Hampshire State Council on the Arts, please send to:

New Hampshire State Council on the Arts

Attn. Emily Killinger, AIH Program Coordinator

172 Pembroke Road

Concord, NH 03301

## Questions about the [Arts in Health Artist Directory](https://www.nh.gov/nharts/grants/artists/AIHroster.htm) or this Recommendation Form?

## Please contact Emily Killinger, Program Coordinator

## Emily.R.Killinger@dncr.nh.gov | 603-271-0794