New Hampshire State Council on the Arts

Arts in Education Artist Roster Recommendation Form #1

Name of Artist in Education Arti	st Roster Applica	ant:						
Mailing Address:								
Home Phone:	Work Phone:							
I hereby waive any right to exami recommendation only in conjunc						rts will utilize this		
I agree to the above waiver:	e waiver:			I do not agree with the above waiver:				
Signature of Applicant	Γ	Date S	ignature of App	licant	Date			
To the Referee: Your cooperation in providing a cin NH schools and educational secon the Arts will hold the letter as (enclosed) to the applicant. If you Council on the Arts, please notify 1. How long have you known the 2. Please rate the applicant in the	ettings will be app confidential. Wh a prefer to return the applicant the applicant and in	oreciated. If the app en you have comple this form directly to at you have sent it o	licant has agreed eted this form, p o the Arts in Ed	l to the above wai lease sign and ret	iver, the New Hampsh urn the original in a se	nire State Council caled envelope		
	Unable to Judge	Below Average	Average	Good	Very Good	Outstanding		
Artistic knowledge/skills								
Communications (oral and written)								
Ability to motivate students and teachers								
Reliability								
Organizational Skills								
Knowledge of children/youth development								
Ability to teach students with disabilities								
Evaluation and assessment of arts learning								
3. Comments (please attach sheet 4. Please check the category that i	most accurately s	ummarizes your rec						
o Highly Recommended o Re	ecommended	o Recommended	with reservations	o I do not recom	mend the applicant			
Referee's Signature:			Date: _					
Name:			Positio	n:				
Institution:		Day Phone	·•	Email:				

New Hampshire State Council on the Arts

Arts in Education Artist Roster Recommendation Form #2

Name of Artist in Education Arti	st Roster Applica	ant:						
Mailing Address:								
Home Phone:	e Phone: Work Phone:							
I hereby waive any right to exami recommendation only in conjunc						rts will utilize this		
I agree to the above waiver:	gree to the above waiver:			I do not agree with the above waiver:				
Signature of Applicant	Date		ignature of App	licant	Date			
To the Referee: Your cooperation in providing a cin NH schools and educational se on the Arts will hold the letter as (enclosed) to the applicant. If you Council on the Arts, please notify 1. How long have you known the 2. Please rate the applicant in the	ettings will be app confidential. Wh a prefer to return the applicant the applicant and in	preciated. If the app en you have comple this form directly to at you have sent it o	licant has agreed eted this form, p o the Arts in Ed	l to the above wai blease sign and ret	iver, the New Hampsl urn the original in a se	nire State Council ealed envelope		
	Unable to Judge	Below Average	Average	Good	Very Good	Outstanding		
Artistic knowledge/skills								
Communications (oral and written)								
Ability to motivate students and teachers								
Reliability								
Organizational Skills								
Knowledge of children/youth development								
Ability to teach students with disabilities								
Evaluation and assessment of arts learning								
3. Comments (please attach sheet4. Please check the category that t			commendation:					
o Highly Recommended o Re	ecommended	o Recommended	with reservations	o I do not recom	mend the applicant			
Referee's Signature:			Date: _					
Name:			Positio	n:				
Institution:	Т	Day Phone:	En	nail·				

New Hampshire State Council on the Arts

Arts in Education Artist Roster Recommendation Form #3

Name of Artist in Education Arti	st Roster Applica	ant:					
Mailing Address:							
Home Phone:	Phone: Work Phone:						
I hereby waive any right to exami- recommendation only in conjunct						rts will utilize this	
I agree to the above waiver:		I	do not agree w				
Signature of Applicant	Ι	Date	Signatu		Date		
Your cooperation in providing a continuous in NH schools and educational set on the Arts will hold the letter as (enclosed) to the applicant. If you Council on the Arts, please notify 1. How long have you known the 2. Please rate the applicant in the	ttings will be app confidential. Wh prefer to return the applicant the applicant and in	preciated. If the appl en you have comple this form directly to at you have sent it di	icant has agreed ted this form, p the Arts in Ed	d to the above wa blease sign and ret	iver, the New Hamps urn the original in a s	hire State Council ealed envelope	
	Unable to Judge	Below Average	Average	Good	Very Good	Outstanding	
Artistic knowledge/skills							
Communications (oral and written)							
Ability to motivate students and teachers							
Reliability							
Organizational Skills							
Knowledge of children/youth development							
Ability to teach students with disabilities							
Evaluation and assessment of arts learning							
3. Comments (please attach sheet 4. Please check the category that i			ommendation:				
o Highly Recommended o Re	commended	o Recommended v	with reservations	o I do not recom	nmend the applicant		
Referee's Signature:			Date: _				
Name:			Positio	n:			
Institution:	ution: Day Phone: Email:						