New Hampshire State Council on the Arts

Arts in Education Artist Roster Recommendation Form #1

Name of Artist in Education Artist Roster Applicant: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

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 Education Artist Roster.

I agree to the above waiver:

_____
Signature of Applicant Date

I do not agree with the above waiver:

_____
Signature of Applicant Date

To the Referee:

Your cooperation in providing a candid evaluation of the above named artist's preparation for and ability to succeed as an Artist in Residence in the school setting will be appreciated. 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 in a sealed envelope (enclosed) to the applicant. If you prefer to return this form directly to the Arts in Education Coordinator at the New Hampshire State Council on the Arts, please notify the applicant that you have sent it directly.

1. How long have you known the applicant and in what capacity?
2. Please rate the applicant in the following areas:

	Unable to Judge	Below Average	Average	Good	Very Good	Outstanding
Written communication						
Oral communication						
Ability to motivate students and teachers						
Reliability						
Organizational Skills						
Knowledge of child development, project evaluation and assessment of arts learning						
Ability to teach students with disabilities						

3. Comments (please attach sheets, keep under 1 page)
4. Please check the category that most accurately summarizes your recommendation:

Highly Recommended Recommended Recommended with reservations I do not recommend the applicant

Referee's Signature: _____ Date: _____

Name: _____ Position: _____

Institution:_____ Day Phone: _____

New Hampshire State Council on the Arts

Arts in Education Artist Roster Recommendation Form #2

Name of Artist in Education Artist Roster Applicant: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

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 Education Artist Roster.

I agree to the above waiver:

_____
Signature of Applicant Date

I do not agree with the above waiver:

_____
Signature of Applicant Date

To the Referee:

Your cooperation in providing a candid evaluation of the above named artist's preparation for and ability to succeed as an Artist in Residence in the school setting will be appreciated. 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 in a sealed envelope (enclosed) to the applicant. If you prefer to return this form directly to the Arts in Education Coordinator at the New Hampshire State Council on the Arts, please notify the applicant that you have sent it directly.

1. How long have you known the applicant and in what capacity?
2. Please rate the applicant in the following areas:

	Unable to Judge	Below Average	Average	Good	Very Good	Outstanding
Written communication						
Oral communication						
Ability to motivate students and teachers						
Reliability						
Organizational Skills						
Knowledge of child development, project evaluation and assessment of arts learning						
Ability to teach students with disabilities						

3. Comments (please attach sheets, keep under 1 page)
4. Please check the category that most accurately summarizes your recommendation:

Highly Recommended Recommended Recommended with reservations I do not recommend the applicant

Referee's Signature: _____ Date: _____

Name: _____ Position: _____

Institution:_____ Day Phone: _____

New Hampshire State Council on the Arts

Arts in Education Artist Roster Recommendation Form #3

Name of Artist in Education Artist Roster Applicant: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

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 Education Artist Roster.

I agree to the above waiver:

_____
Signature of Applicant Date

I do not agree with the above waiver:

_____
Signature of Applicant Date

To the Referee:

Your cooperation in providing a candid evaluation of the above named artist's preparation for and ability to succeed as an Artist in Residence in the school setting will be appreciated. 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 in a sealed envelope (enclosed) to the applicant. If you prefer to return this form directly to the Arts in Education Coordinator at the New Hampshire State Council on the Arts, please notify the applicant that you have sent it directly.

1. How long have you known the applicant and in what capacity?
2. Please rate the applicant in the following areas:

	Unable to Judge	Below Average	Average	Good	Very Good	Outstanding
Written communication						
Oral communication						
Ability to motivate students and teachers						
Reliability						
Organizational Skills						
Knowledge of child development, project evaluation and assessment of arts learning						
Ability to teach students with disabilities						

3. Comments (please attach sheets, keep under 1 page)
4. Please check the category that most accurately summarizes your recommendation:

Highly Recommended Recommended Recommended with reservations I do not recommend the applicant

Referee's Signature: _____ Date: _____

Name: _____ Position: _____

Institution:_____ Day Phone: _____