

Art Docent /Teacher Planning Form

Docent Names(s)/ Phone:

Docent Coordinator: _____

Phone/ email: _____

Teacher name: _____

Phone/email: _____

Classroom display space available for prints/ student artwork? Yes____ **No**____

PRESENTATION SCHEDULE:

OCTOBER:

Print to be presented: _____

Optional art activity follow-up: _____

Date of Presentation: _____ Time: _____

NOVEMBER:

Print to be presented: _____

Optional art activity follow-up: _____

Date of Presentation: _____ Time: _____

DECEMBER:

Print to be presented: _____

Optional art activity follow-up: _____

Date of Presentation: _____ Time: _____

JANUARY:

Print to be presented: _____

Optional art activity follow-up: _____

Date of Presentation: _____ Time: _____

FEBRUARY:

Print to be presented: _____

Optional art activity follow-up: _____

Date of Presentation: _____ Time: _____

MARCH:

Print to be presented: _____

Optional art activity follow-up: _____

Date of Presentation: _____ Time: _____

APRIL:

Print to be presented: _____

Optional art activity follow-up: _____

Date of Presentation: _____ Time: _____

MAY:

Print to be presented: _____

Optional art activity follow-up: _____

Date of Presentation: _____ Time: _____

Notes:

District Art Docent Program Coordinator: Allison Larsen
(425) 385-4063 / email: alarsen@everettsd.org