The Kennedy Center
THE JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS

WASHINGTON, D.C. 20566-0001

DC Partnership Schools Initiative
2017-18 Student Centered Residency Program
Planning Meeting Intake Form/Discussion Questions

Instructions: For each teacher/classroom you are working with, please use this intake form to gather information and please send a copy of this form to Ray Llanos via fax (202.416.4846) or via email (rallanos@kennedy-center.org). This form should be used during the initial planning meeting.

Teaching Artist:_____

Teacher Name:_____

School:_____

About the Teacher

Why were you interested in having an artist in residence in your classroom?

_____

_____

What interested you in my program?

_____

_____

What do you hope to gain from this experience?

_____

_____

About the Students

Please tell me a little about your students.

What is the class dynamic – do your students generally like each other and work well together?

_____

_____

Do your students work well together? Please share if you have pre-arranged teams (e.g., pairs, 3 or 4 students in a group)?

_____

_____

Tell me about your students' learning styles (e.g.., visual cues, kinesthetic, aural, etc.)

_____

_____

What is your classroom management/behavior system? Can you share your strategies/copy of the system?

_____

_____

_____

What do your students most enjoy (subjects, types of activities, etc.)?

_____

_____

_____

What are the biggest challenges your students face (e.g., academic subjects, classroom engagement)?

_____

_____

Are there any students with disabilities in your classroom? (note that Kennedy Center is committed to supporting with all students, and is interested in capturing basic information – how many students with disabilities are participating in our programs.

Students:_____ Please describe types/nature of disabilities_____

_____

_____

(please do not include names of students for confidentiality purposes)

Will these students be in class during our residency time?____Yes _____No

Do they need or will they receive any extra support to help them be successful in our residency(e.g., will they have an aide, are there any strategies you use to ensure all students can participate such as pairing the student with a student without a disability?) Please describe

_____

_____

Logistics

Do you have any concerns about reconfiguring your room (if applicable – can that be done in advance, is there another room more conducive to what we are doing)

Please share your special subject schedule (e.g., do you have time during the school day when you are not instructing students)

Mondays: _____

Tuesdays: _____

Wednesdays: _____

Thursdays: _____

Fridays: _____

What is the best method to communicate with you (e-mail, phone call – when?)

Best method:_____

Best Time:_____

Contact Information:_____

Any other notes/thoughts

_____

_____

_____

_____

Completed form should be submitted via fax to Ray Llanos via email (rallanos@kennedy-center.org) or fax (202-416-4846) one week prior to residency start.