



NORMAN PUBLIC SCHOOLS
ARTIST LETTER OF AGREEMENT 2011-2012

VAP Event _____ Non-VAP Event _____

INSTRUCTIONS: School staff contacts specialist and agrees on the dates and terms of the activity. School staff completes this form and returns it to NPS Fine Arts Department, 207 E. Gray, Norman, OK 73069. One copy should remain at the participating school and one copy should remain with the specialist. Please remember to have the principal sign as the school official and the specialist sign the letter of agreement.

This agreement is made between _____ (school's name)

represented by _____ and _____
(AIE coordinator for VAP events) (art specialist)

Artist visit will be held on following date(s) _____ time(s) _____

Name of School Site: _____

Students artist will be working with: _____

Specialist shall provide the following services: _____

Total fee to be paid to artist: _____

Fee to be paid by: PTA _____ School Funding _____ Donation _____ VAP Matching Amount _____

Supplies to be provided by _____ cost of supplies _____

The school staff agrees to turn in this LETTER OF AGREEMENT prior to the event and the EVALUATION FORM(S) for services rendered to the NPS Fine Arts Department on the day the residency is completed.

The sponsor or the artist may withdraw from the contract by notifying all parties in writing before the start of the event. If the artist becomes ill or has an emergency, the artist shall arrange to make up any missed days. Artist is not responsible for "make up days" caused by the official closing of the site during the residency. If the artist is terminated for not fulfilling the terms of the contract, the sponsor will prorate the artist's pay for the number of days worked and pay accordingly.

LIABILITY: THERE SHALL BE NO LIABILITY BEYOND THIS LETTER OF AGREEMENT. THE SPECIALIST IS EMPLOYED AS AN INDEPENDENT CONTRACTOR.

THIS LETTER OF AGREEMENT IS MUTUALLY AGREED UPON BY THE FOLLOWING:

School Staff (AIE Coordinator for VAP) Signature _____ Date _____

School Principal Signature _____ Date _____

Specialist Signature _____ Date _____

Specialist Address _____

City _____ State _____ Zip _____ Phone _____

Fine Arts Director Signature _____ Date _____

VAP EVENTS ONLY - NPS Fine Arts Department will pay the total of the agreed amount to the specialist two to four weeks following the receipt of the evaluation forms.

Project Narrative

Please answer the following questions in the space provided.

Describe the goals and objectives for in depth instruction in an art form or discipline; _____

Describe the methods for reaching these goals and objectives; _____

Give specific example(s) of the development of aesthetic discernment and individual creativity in the students;

What is the amount of actual time students will be actively engaged related to this artist session, either in preparation for or under supervision of the artist OR please specify that this session is designed to be an art experience;

Describe the ways in which this visit will contribute to or meet PASS objectives. _____

Return to:
Norman Public Schools, Fine Arts Department, 207 East Gray, Norman, OK 73069
Telephone: (405) 366-5870
Fax: (405) 366-5853 All forms may be faxed