



www.vtartt.org

**ARTT Yearly School Participation Agreement**

The ARTT Project provides interactive online visual arts mentoring for students from artists in the community. The teacher in the following school wishes to participate in the ARTT Project for the school year \_\_\_\_\_. This agreement must be signed by the building administrator to indicate support for the teacher and students in their involvement with ARTT. All teachers should have yearly signed permission from parents/ guardian prior to participation for student work to be posted on the password protected site and for possible public exhibit.

Please return signed copies with payment to:

**The ARTT Project, c/o Jan Danziger 87 Main St, Plainfield VT 05667 802-426-3213 x 230**

**Participation fees schedule:**

Please check one:

- New Members Introductory Fee: 5 postings (during ONE semester) for \$50.
- Regular Fee: 25 postings for \$200\*.
- Shared Fee: Teachers working in more than one school can pay a shared rate of \$300 for a total of 30 postings, with costs shared among the schools participating. (This would mean that each school would pay a share of the \$300)\*

(A posting is the complete process of one student work as it progresses with all submissions and comments from student & mentor).

*\*If you have difficulties obtaining the fee: contact Jan Danziger [ldanziger@aol.com](mailto:ldanziger@aol.com) or Lowell Klock [klockworks@vermontel.net](mailto:klockworks@vermontel.net)*

**Responsibilities for participating teachers:**

- Review and monitor all postings submitted for grammar, accuracy and content.
- Obtain and update yearly; parental /guardian signed permissions for students for public and private site.
- Post at least one critique per month to other participants on the password-protected website.
- Check e-mail and password-protected website regularly.
- Attend at least one ARTT professional development workshop if scheduled, gatherings and meetings whenever possible.
- Promote ARTT to colleagues and community.
- Complete information requested by our project evaluators.

Teacher's name: \_\_\_\_\_ e-mail (home or school) \_\_\_\_\_

School name : \_\_\_\_\_

School address: \_\_\_\_\_

School phone # \_\_\_\_\_ School fax # \_\_\_\_\_

Building Administrator signature \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's signature \_\_\_\_\_ Date \_\_\_\_\_

**New Members: Upon receipt of this agreement and payment, you will receive an introductory ARTT packet and directions for using the ARTT password site.**