


The Arrival

Study Unit Calendar			
Refresher / Planning Session	Day	Date	Time
TA Visits	Week	Days	Time frame
	1		
	2		
	3		
	4		
	5		



Study Unit Request Form

School _____

Contact Teacher _____

Grade _____ Subject _____ # of students in your class last year _____

Primary E-mail _____ School Extension _____

Signature _____

NOW: Contact Teacher ArtSmart Study Unit Request Instructions

1. Identify 5 or more teachers who wish to participate in this ArtSmart Study Unit.
2. Choose and record day & time for Refresher / Planning session.
3. Choose five possible weeks and preferred days for TA Visits.
4. Review study unit participation requirements (other side).
5. Provide requested information and sign this form.
6. Fax this form to Leigh Jones, 687-4299. Keep your original handy.

Study Unit questions? Contact Leigh Jones, 687-4285 / ljones@tpac.org

Study Unit Participation Requirements:

Your signature below means that you agree to:

1. Attend the joint **Refresher/ Collaborative Planning Session** at your school.
2. Honor the **TA visit schedule** and be **present for all TA visits** to your class.

Name _____
Grade _____ Subject _____ # of students in your class last year _____
Primary E-mail _____ School Extension _____
Signature _____

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Please add additional pages as needed.