

Please complete student section and give this form to teacher with a stamped addressed envelope.

SITKA FINE ARTS CAMP
P.O. Box 3086
Sitka, AK 99835
(907) 747-3085 Phone & Fax

TEACHER'S RECOMMENDATION

STUDENT SECTION

Student's Name _____ Present Grade _____

To the Student: Choose a teacher who knows you and who can evaluate your artistic interests and skills in at least one of the following artistic areas: **Theater, Dance, Music, Native Arts, Visual Arts, Digital Arts, or Creative Writing**. Please give this person a stamped envelope addressed to the Camp and this form so they can send it directly back to Camp.

My 1st area of artistic interest is: _____.

My 2nd area of artistic interest is: _____

To the person writing the recommendation: This student has chosen you to evaluate their performance in the areas indicated above. Within each artistic focus area there will be three or more classes that will allow some grouping of students according to experience. Your recommendation is confidential and will only be used to help us better meet the needs of each student during the Camp.

Sitka Fine Arts Camp is a two-week multidiscipline, intensive and creative learning experience with abundant opportunities to work collaboratively with peers and faculty. The faculty are professional artists who have teaching experience and enjoy working with young artists. The objectives of the Camp are to help students gain greater skills in their area of primary interest and to explore new artistic disciplines for enrichment. The format of the Camp is both interactive classroom time and performance/demonstration time. Faculty and counselors live on campus so there is much opportunity for shared learning.

Performance Assessment & Recommendations:

	PERFORMANCE		
	Average	Good	Excellent
1. Artistic preference # 1 _____	___	___	___
2. Artistic preference # 2 _____	___	___	___
Comments:			

Does this student:	No	Yes	Outstanding
Work independently?	___	___	___
Utilize expression in the arts?	___	___	___
Risk new artistic approaches?	___	___	___
Follow through on guidelines?	___	___	___
Cooperate with peers?	___	___	___
Complete artistic projects?	___	___	___
Enjoy art?	___	___	___
Demonstrate a seriousness toward art projects?	___	___	___

Strengths and Concerns: What are this student's particular artistic or social strengths or concerns that we should be aware of as we try to help her/him have a positive camp experience?

Does this student require additional supervision? If so, please explain.

Additional Comments or Concerns:

Signature

Date

Printed Name

School or School District

Title

Thank you for your assistance. If you would like any additional information about the Camp, please contact the Camp office at (907) 747-3085. We invite you to visit the Camp during the program this summer. If you know other students who might be interested in our program, please refer them, so that we can send them information.