

FULTON THEATRE

Memo of Agreement

Authorized Administrator Agreement

Authorized School Administrators that may complete this program position include: Principal, Assistant Principal or Curriculum Developer

As the administrator of _____ (school name), I realize that the work we will accomplish with the Fulton Theatre is important. I agree to support this partnership specifically in the following ways:

1. Meet with the Director of Community Engagement to determine goals aligned with common core standards for the School Day Workshop or the Neighborhood Bridges residency.
2. For the Neighborhood Bridges residency, the Administrator should observe each teaching artist at least one time during the residency and use an approved form to document the observation.
3. Schedule a planning meeting with the classroom teachers, teaching artists and Director of Community Engagement. Allow teachers who work with teaching artist to schedule and collaboratively plan lesson(s), as necessary. All meetings can occur at the school at a time most appropriate to the class teacher(s) schedule.
4. Develop a family engagement/parent involvement event/activity at the school to heighten community awareness of the Fulton Theatre Partnership. Fulton Theatre should be invited to the event/activity.

Administrators Signature _____ Date _____

Classroom Teacher Agreement

All Classroom Teachers identified on the application must sign this agreement and commit to the program expectations.

I understand that my participation in the Fulton Theatre's EITC program includes the following:

1. Attend Classroom Teacher Training/Planning meeting(s), as necessary.
2. Document program participation, which may include:
 - a. Teacher evaluation
 - b. Unit Plan
 - c. Student Work Samples
3. Prepare at least one lesson plan with a Fulton Teaching Artist that addresses Pennsylvania theatre arts standards. Lesson may be integrated with common core standards.
4. Assist in facilitating a family engagement/parent involvement activity at the school to heighten community awareness of the Fulton Theatre Partnership.

Teacher Signature _____ Date _____

Teacher Signature _____ Date _____

Teacher Signature _____ Date _____

Teacher Signature _____ Date _____

Teacher Signature _____ Date _____

Teacher Signature _____ Date _____

Teacher Signature _____ Date _____

Teacher Signature _____ Date _____

Failure to participate fully as detailed may impact participation in coming years.