

Contact List

Some representatives to include in your district arts team are suggested below. This form may be used to collect the names of people to involve in the self-study.

Suggested representatives	Contact names and numbers
<p><i>At the district level:</i></p> <ul style="list-style-type: none"> • District arts coordinators and administrators • School board members • Directors of curriculum and instruction <p>At the elementary school, middle school, and high school levels:</p> <ul style="list-style-type: none"> • Principals • Teachers • Parent-Teacher Organization (PTO) and Parent-Teacher Association (PTA) representatives • Site council parents • Other arts grant coordinators • Student leaders <p><i>Representatives from:</i></p> <ul style="list-style-type: none"> • Community arts organizations • County and city arts councils • Artists working in schools • The county office of education • Foundations and philanthropists <p><i>Others</i></p>	

District Arts Team Address List

Information that is recorded on this address list should be updated regularly and circulated to all members of the district arts team.

School district

Name: _____
Address: _____
City/state/ZIP: _____
Phone: _____
E-mail: _____
Fax: _____
Web address: _____

Project director

Name: _____
Title: _____
Address: _____
City/state/ZIP: _____
Phone: _____
E-mail: _____
Fax: _____

District superintendent

Name: _____
Phone: _____
E-mail: _____
Fax: _____

District arts team members

Name: _____
Title: _____
Organization: _____
Address: _____
City/state/ZIP: _____
Phone: _____
E-mail: _____
Fax: _____
Area of expertise: _____

Name: _____
Title: _____
Organization: _____
Address: _____
City/state/ZIP: _____
Phone: _____
E-mail: _____
Fax: _____
Area of expertise: _____

Name: _____
Title: _____
Organization: _____
Address: _____
City/state/ZIP: _____
Phone: _____
E-mail: _____
Fax: _____
Area of expertise: _____

Name: _____
Title: _____
Organization: _____
Address: _____
City/state/ZIP: _____
Phone: _____
E-mail: _____
Fax: _____
Area of expertise: _____

Name: _____
Title: _____
Organization: _____
Address: _____
City/state/ZIP: _____
Phone: _____
E-mail: _____
Fax: _____
Area of expertise: _____

Name: _____
Title: _____
Organization: _____
Address: _____
City/state/ZIP: _____
Phone: _____
E-mail: _____
Fax: _____
Area of expertise: _____