



-Working Collaboratively to Ignite a Love for the Arts-

An Art Mentoring Program for Students with Disabilities

**Sponsored by the New York State Alliance for Arts Education/VSAarts
and The Art Education Department at SUNY New Paltz**

Arts-2-gether: SUNY New Paltz is an art mentoring program uniquely designed for students with disabilities, in grades 6-12, who have been recommended as having an interest in participating in an expressive art making experience, while working one-on-one with an art mentor. Once enrolled in the program, each student will be matched with a pre-service, art education intern who is currently completing their art education fieldwork requirements for the Art Education program at SUNY New Paltz.

Section I. Must be Completed by Referring Teacher, School, or Organization

Student name: _____
Name of referring teacher: _____
School Address: _____
School Phone: _____ Fax: _____
Email: _____

How long have you known and worked with this student?

How do you think this student would benefit from being enrolled in the program?

Is there anything you would like to share with us about this student that will help us serve them during the program?

**Please mail or fax completed applications to:
The Arts-2-gether Program | P.O. Box 2217 | Albany, NY 12220
Fax 518-486-7329**

Section II. Must be Completed by Parent/Guardian

Child Name: _____
Grade: _____ Age: _____ Gender: _____
Child's Disability (for planning purposes only): _____

Parent/Guardian name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Parent Phone Home: _____
Cell: _____
Email: _____
Please indicate the best way for us to reach you: ___ Phone AM/PM ___ Email

Please describe your child's disability and any accommodations he/she will need during the Arts-2-gether program:

Are there any behavioral, and/or emotional challenges we should be aware of?

What type of art classes has your child taken?

Which art area/s is your child interested in?

___ Painting ___ Drawing ___ Sculpture _____ other

Program Details

Location and Parking

Smiley Art Building, Room 206
SUNY New Paltz
1 Hawk Drive
New Paltz, NY 12561
Wednesdays | 3:30PM-4:30PM

A visitor park-and-pay machine is available at the West Entrance on Hawk Dr. off Rt. 208. Visitors may also purchase daily permits from the Welcome Center in the Haggerty Administration Building Lobby and the Parking office Monday-Friday 8:30 a.m. - 5:00 p.m. (Summer: 8 a.m.-4p.m.)

Schedule

Please indicate if you would like your child in Group A or B. Each group will meet for a period of six weeks each. If your child would like to enroll for a full 12 weeks please check both Group A and B

I would like my child to participate in:

_____ Group A: February 3, 10, 17, 24, and March 3, 10
_____ Group B: March 31, April 7, 14, 21, 28, and May 5, 12
_____ Group A and B (12 week program)

Parent Signatures

If you grant NYSAAE permission to use photographs and/or biographical information about your child, please check the boxes below.

Photographs (for website)

biographical information (name only-for website)

I, _____, hereby grant NYSAAE permission to use, distribute, and release images of all artworks and hold NYSAAE harmless for any such use for purposes of promotion of NYSAAE's Arts-2-gether program through the following media, including but not limited to print, radio, television, electronic and Internet media (website) coverage. I also understand that ownership and copyright of the collaborative work(s) that my child creates with his/ her partner artist will become property of NYSAAE.

I, _____, am responsible for arranging transportation for my child to attend the Art-2-gether Program. I understand that there are 6 session dates.

Parent/guardian name _____
Parent/guardian signature _____

Please mail completed applications to:

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-Or-

Fax 518-486-7329

Please contact Sharon Scarlata | Program Manager | 518-486-7328
Sharon@nysaae.org | www.vsartsnys.org

