

RESIDENCY APPLICATION AND CLASSROOM PROFILE  
16-Session Classroom Residency

**School and Classroom Information**

School Name: School Year: -  
School Address: Phone:  
Teacher(s) Name: Assistant Name:  
Teacher's Email:

School District/Local Education Agency, if applicable:

Type of Classroom (check one):  Head Start  Preschool/ Pre-K  Kindergarten  Other

Principal/Center Director Name: Principal/Center Director's Email:

Teacher Home/Cell Phone: Class Size: Age Range:

Number of English Language Learners and what are their primary languages?

Number of Special Needs children and what are their needs?

Identify three curriculum learning objectives and/or developmental skills that the teacher will be addressing with the children during the residency period:

**Daily Schedule**

Time Children Arrive: Breakfast Time: Lunch Time:  
Nap Time: Time Children Depart: Specials:

**Classroom Protocol and Environment:**

How do the students address the teacher? How will the students address the teaching artist?

Is there a dress code for the Instructional Staff that is applicable for the teaching artist? If so, please specify.

How will you communicate with parents/caregivers/the community about the residency?

**Teacher's Arts Education and Professional Development Experience:**

Has the teacher had a Wolf Trap residency before? Who was the teaching artist?

What kind of performing arts instruction, if any, has the teacher had in the past?