



CERTIFICATE OF SERVICE
Artists in the Schools 2018-2019
Art Experience, Art Exploration, Arts Integration

School Name & District: _____

Teacher Name & Email: _____

AIS Offering: _____

Teaching Artist Name: _____

Session Details:

Date(s): _____

Number of sessions taught: _____

Number of classes present/session: _____

Total (# sessions taught x # classes/session): _____

SIGNATURES:

Signature of Teacher

Date

Signature of Teaching Artist

Date