

1. Indicate the time of year, day of week and times of day that will work best for a VSA program.

2. Identify the goals you wish to achieve through the program. What do you hope will change for participants and staff as a result of a VSA ArtSpark? Please be specific.

Program Demographics

Please include only participants who will have direct contact with the artist during the program when answering the following questions.

Estimate the age and number of individuals that will participate in this program.

<p>Number of participants with disabilities: <i>Include participants who have a disability, an IEP or are in the referral process, and/or who receive speech & language services</i></p>	<p>_____</p>	<p>List the disabilities:</p>	<p>Ages:</p>
<p>Number of participants who qualify for/receive additional supports or services: <i>Do <u>not</u> include participants already listed above. Include participants who have chronic health issues, and/or with physical, social, emotional, cognitive or behavioral delays/challenges</i></p>	<p>_____</p>	<p>List the circumstances:</p>	<p>Ages:</p>
<p>Number of participants without disabilities:</p>	<p>_____</p>		
<p>Total number of participants:</p>	<p>_____</p>		