Theatre Education/ Theatre for Youth Activity Form – Documentation

Instructions:
You must participate in at least one activity per semester
You must have yourformed signed by the appropriate supervisors and return to Patch at the end of each semester
It is your responsibility to keep your documentation current

Name_____________________________________Semester_____________________

Activity Title: (For example, Smiles and Frowns, The Turnage Theatre Children’s Workshops, After School Theatre Project, ArtsSmart, Storybook Theatre, Special Project (identify where)

Project:______________________________ Dates ______________________

Role or responsibility:_____________________________________________________

1. Description of the activity:_______________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

2. Description of what you learned by being involved in the activity:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

1. How might you use this knowledge or experience in the classroom?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Supervisor____________________________ Date________________________
