

NORTH COAST ARTS INTEGRATION PROJECT TEACHING ARTIST SCHEDULE

School Site _____ Date _____
 Teaching Artist _____ Teacher _____
 Integration _____

Please complete the schedule and include date, time/period, location and a brief description of the activity.

INFORMATION	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Date Time/Period Location Activity					
Date Time/Period Location Activity					
Date Time/Period Location Activity					
Date Time/Period Location Activity					
Date Time/Period Location Activity					