

## PLANNING MEETING CHECKLIST

After going through the **PLANNING MEETING GUIDE** packet during the planning meeting, the participating teachers and Teaching Artist are to complete the following checklist by placing a check-mark in the box next to each topic header to confirm that those items were discussed and understood by all. Please also fill in the additional information requested below. The Primary Contact teacher and the Teaching Artist will print and sign their names, and the Primary Contact teacher will be responsible for scanning and emailing the signed document back to Rob Graham at [robert@vocalessence.org](mailto:robert@vocalessence.org). **Please do so ASAP following the planning meeting. Thank you!**

**GREETING AND INTRODUCTIONS**

- Please list names of everyone present:

\_\_\_\_\_

**SHARED GOALS AND ASPIRATIONS**

- **Teachers**, list a few of your overarching hopes and aspirations from the workshop experience:
- **Teaching Artists**, list a few of your goals and what you hope students will gain during their time with you:

\_\_\_\_\_

**DAILY WORKSHOP PLANS**

- **Teaching Artists**, share below what you hope students will do or achieve each day of the workshop/residency period (e.g. Day 1: create lyrics in small groups, share with the large group; Day 2: create melody and set lyrics to that melody)

Day 1: \_\_\_\_\_  
Day 2: \_\_\_\_\_

**PREPARING WORKSHOP SPACE, RESOURCES & EQUIPMENT**

**PRE-WORKSHOP PREPARATION**

**COMMUNICATING CHANGES TO WORKSHOP PLANS**

**DO WORKSHOPS HAVE TO CENTER AROUND THE WITNESS THEME?**

**TEACHER INVOLVEMENT & CLASSROOM MANAGEMENT**

**INVITE YOUR ADMINISTRATORS!**

**PUBLIC PRESENTATIONS, RECORDINGS AND INTELLECTUAL PROPERTY**

**WALK THRU!**

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Please print and sign your names, and return this form to Rob Graham: [robert@vocalessence.org](mailto:robert@vocalessence.org)

Date: \_\_\_\_\_

Primary Contact Teacher: Print \_\_\_\_\_ Sign \_\_\_\_\_

Teaching Artist: Print \_\_\_\_\_ Sign \_\_\_\_\_