# TEMPLATE FOR POST-PROJECT REPORT ON ARTIST-IN-SCHOOL (AISS) PROGRAMME 2024

The following is the template for your project report that is to be submitted by schools (with input from artist/arts group) **no later than 2 months** after the project ends.

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| **Name of School:** |
| **Title of the Programme/Project:** |
| **Name of Artist/Arts Group:** |
| **Duration of the Project:**  *E.g. March 2024 to November 2024* |
| **Frequency of Sessions**  *E.g. 1 session per class per week, 1 session every 4 weeks for interest group X and 1 session every week for CCA.* |
| **Please indicate the number of lessons and hours per class:**   |  |  |  |  | | --- | --- | --- | --- | | **Programme**  *For projects with multiple programmes E.g. specialised and general dance* | **Number of Lessons** | **Number of Hours per Lesson** | **Physical/ Digital/ Blended Learning** | |  |  |  |  | |  |  |  |  |   **If there are multiple classes, please state the number of classes:** |
| **Project Summary:**   1. State the project’s objectives: |
| 1. What were the outcomes of the project? (Please specify whether objectives/expectations were met) |
| **Response on participation in project:** |
| What was the total number of participants?  1. Students: 2. Teachers: 3. Others (E.g. parents etc.):   If number of students/ teachers is less than what is indicated in the Letter of Agreement, do outline the reasons for the reduction. Please also state if learning objectives were impacted: |
| 1. What was the feedback on this project from the following? Please provide quotes if possible. 2. Students 3. Teachers 4. Artist 5. Principal (optional) 6. Parents (optional) |
| 1. What is the school’s feedback on the participating artist(s)? Are there plans to continue working with the artist(s)? |
| **Input from school on the impact of the project:** |
| 1. Did the project spark initiatives to further develop students’ appreciation/knowledge of this art form? If yes, what are the initiatives? If no, why? |
| 1. What are some of the achievements of the programme? Please provide examples. |
| 1. What were some of the problems and challenges encountered during the programme? (E.g. time management, space, resources etc.) |
| 1. Are there other areas/art forms that the school is interested to focus on for AISS?   **Yes/ No**. What are some of these plans? |
| **Project Expenditure** |
| Please list a breakdown of the cost incurred for this project for artist fees and material costs. Do add on rows as needed. Examples are included for your reference.  Do highlight unexpected costs incurred, if any.   |  |  |  |  | | --- | --- | --- | --- | | **Manpower Costs** | **Artist Fees per hour** | **No. of contact hours** | **Total Cost** | | *E.g. Artist fees - March 2021* | *$100* | *10* | *$1,000* | | *E.g. Specialised programme (Term 3)* | *$100* | *30 hours* | *$3,000* | |  |  |  |  | |  |  |  |  | | Total manpower costs | | |  |   If total number of contact hours/ sessions is less than what is indicated in the school’s application, do outline the reasons for the reduction. Please also state if learning objectives were impacted:   |  |  | | --- | --- | | **Material Costs**  (E.g. visual arts materials, printing and publishing costs, rental of instruments and equipment) | **Total Cost** | |  |  | |  |  | | Total material costs |  |  |  |  | | --- | --- | | Total AISS expenditure (Manpower costs + Material costs) | $ |   If expenditure is less than that proposed in Annex A (application form) at the start of the project, do outline the reasons for underspending: |
| **Documentation** |
| Please send us (via email) at least 5 photos of the project and other relevant forms of documentation for reference/archival.  Note:   * Photographs are recommended to include:   + Artist demonstration to a small group and / or class of students   + Artist engaged in discussion with a group of students   + Students engaged in the creative process   + Students’ final product * For students whose faces are visible in the photograph, do ensure there is media clearance. The media release form can be downloaded from the AISS website. Collated Parents’ Gateway responses are accepted. |
| **Submitted by:** |
| **Designation:** |
| **Contact details: (O)** **(HP)** |
| **Email:** |
| **School Leader’s name and signature:** |