VAPA Course Focus Worksheet

**May attach separate sheet if necessary

Student Name: Area of Focus: _ Promotion Year:_ **Arts Focus** Coursework Course 6th Grade Year 7th Grade Year ____ 8th grade Year_ Grade Grade Grade Areas: specifications Course Course Course earned Sig earned Sig earned Sig **Aptitude Vocal Music Show Choir** Adrenaline Chorus Chorus Inst. Music **Music Appreciation** Wheel **Band** Beginning Intermediate Advanced Beginning Orchestra Advanced Visual Art Intro to art Visual Art Studio art Advanced art **Digital Media** Digital art I Digital art II **Photography** Wheel **Theater** Theater/Drama 6th Grade Drama **%** Drama Theater tech **Dance** Dance **Beginning Dance** Int./ Adv. Dance Other:

	Arts Participation Options:		Grade Requirement / time	Sig	_	n Grade e Requirement/time	Sig		n grade e Requirement/time	Sig
Extra Curricular Instruction	*Studio Dance Training *Outside art classes *Music Lessons/classes *Guitar/ukulele *Community/church/honor choir *voice lessons *Participation in extra- curricular theater arts classes									
Community Involvement/ Volunteer	*Elementary school partnership *Attendance recovery / arts rotations *PTSA Reflections program *Community performance or displays *Stage Crew *Participation in extra- curricular theater arts productions *Community/church/honor choir *Art Show set install / dismantle - i.e. Festival of the Arts, PTSA Reflections *Stage Crew *Church choir *Theater tech *Arts based tutoring *Community Theater *Sound op at community performances *Set up at community performance Other:									
Presentation	Mandatory Portfolio / performance at 8th g Solo Instrumental performance Solo vocal performance Solo Dance Performance Monologue or solo musical theater performance Theater tech presentation Solo gallery show Digital art portfolio	rade:	(Describe and d	ate)	·		1	•		
Attendance at presentation/ performance	(Mandatory written reflection / critique – List & Date *Museum / gallery attendance *Dance performance *Theater performance *Vocal performance									

Extra Curricular Verification

**May attach separate sheet if necessary

STUDENT NAME:										
VAPA AREA OF FOCUS:										
STUDIO NAME	LOCATIO	LOCATION:								
CLASS/COURSE	DESCRIPTION	INSTRUCTOR NAME	START DATE	END DATE						
To be completed by studio/	company owner or instructor:									
-	-	has completed the above classes/instruction.								
Full Name		Title								
Signature			Date							