INSERT NAME
Principal

INSERT NAME
Superintendent of Schools

INSERT School District

INSERT High School
ADDRESS, New York
Phone (XXX) XXX-XXXX
Fax (XXX) XXX-XXXX
http://www.WEBSITE

INSERT SCHOOL/DEPT. LOGO

New York State Learning Standards for the ARTS
Individual Arts Assessment Pathway

Student Letter of Intent

The New York State Individual Arts Assessment Pathway is a formal recognition of High School Graduates who have studied and attained a high level of proficiency in Art.

Criteria:

Students must enroll in a three-course sequence over the course of three academic years. They submit a portfolio of work, process artifacts, and statements to support their learning through the pathway. There are outlined requirements and all HSII Art standards must be addressed at the completion of the pathway.

Submit this application to your Art Teacher by **DATE**

Student Name (last, first, and middle initial)	**Student ID #**
Student Email	**Home Phone**
Home Address	**Expected Graduation Date**
	Name of School Counselor
Name of Current Art Teacher	**Current Art Course(s)**
Parent/Guardian Signature	**Date**
Student Signature	**Date**
*This application must be submitted by due date. If not submitted, you cannot go back and get credit later.	

Student Name: _____

High School Individualized Arts Assessment Pathway (IAAP) Student Worksheet

This form will be used by the student to track their progress and assist to maintain their records to earn the IAAP. Each year, students shall indicate the course they are taking that meets the IAAP sequence and indicate the culminating project. After each year, the Art teacher who oversees your assessment project MUST sign upon its completion.

Google Slide deck must be used to document each year's progress. In addition, a folder including your final artworks, artist statement, and other designated criteria.

Link to Portfolio/Assessment Folder: _____

YEAR 1

Course Taken: _____ Date: _____

Passed Course: Yes No

Slide Deck Portfolio complete: Yes No

Teacher Signature: _____ Date: _____

YEAR 2

Course Taken: _____ Date: _____

Passed Course: Yes No

Slide Deck Portfolio complete: Yes No

Teacher Signature: _____ Date: _____

YEAR 3

Course Taken: _____ Date: _____

Passed Course: Yes No

Slide Deck Portfolio complete: Yes No

Teacher Signature: _____ Date: _____

Student has successfully completed the IAAP: Yes No

Director/Principal Signature: _____ Date: _____