Participation Information for Art Lessons

A Form for Programs and Agencies

Child’s Name: _________________________________  Age: _____

Our goal is to provide a positive experience for your child by understanding how we can best help him or her to participate successfully in visual art lessons. Thank you for taking the time to complete the questions below. We welcome your comments and feedback about our program.

What are your child’s goals for this art program? Please choose from the list provided and/or add comments below.

I would like my child to:

☐ learn to enjoy and appreciate art
☐ learn to respond to and talk about art
☐ learn a variety of, or a specific art technique(s) (please note:____________________)
☐ work on co-operation in a group setting
☐ build confidence
☐ learn to reflect on own work and the work of others in a constructive way
☐ have fun in a social setting
☐ learn to be comfortable facing a new challenge/learning a new skill

Comments:
________________________________________________________________________________________________________
________________________________________________________________________________________________________

On a scale from 1 to 10, I would rate my child’s comfort level with art lessons as:

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<th>1</th>
<th>2</th>
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</thead>
<tbody>
<tr>
<td>Not at all comfortable</td>
<td>Somewhat Comfortable</td>
<td>Extremely Comfortable</td>
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Here is a list of common issues that children may experience when participating in art lessons. Please check any of the issues that you would like to discuss in advance of the first lesson, so that we are able to work with you to develop a plan:

☐ ability to focus on the task at hand
☐ sharing materials with others
☐ frustration when working with certain materials (e.g., paint, scissors)
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☐ leaving parent/caregiver to join in the lesson
☐ listening to instructions
☐ following instructions
☐ working at a common pace with other students
☐ getting hands dirty
☐ other: ____________________________________________________________

What are the best ways for us to help your child to have a fun and successful experience in art lessons?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please list any medical issues or concerns you may have related to your child's participation in art lessons.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

I would like to meet with my child's instructor prior to the first art lesson:
 ☐ Yes
 ☐ No

Best way to contact me: (please provide name, phone number and/or email address):
__________________________________________________________________________
__________________________________________________________________________

If you are concerned about the physical accessibility of a facility and would like to gather more information prior to enrolling or attending an activity, please refer to Participation 101: Accessibility, available on CanChild’s Participation Knowledge Hub.

A Resource from CanChild’s Participation Knowledge Hub