

NOMINATION FOR YOUNG ARTIST OF THE WEEK

Nominating Teacher's Name: _____

Nominating Teacher's Email Address: _____

Student's Name (first & last): _____

Parent / Guardian Email Address: _____
(AFK will send the photo shoot information directly to the student's family)

School: _____ Grade: _____

Student's favourite kind of art: _____

Student's favourite artist: _____

Please use this space to write a few sentences on the student's artistic strengths. Consider how the student expresses, responds or communicates through art. Also, include comments on their application of skills and strategies.

Please return this form to: cpinard@sd44.ca