Name and Grade:

Class Name:

Previous art classes taken and grade received (A, B, C…)

How do you feel about your drawing/painting skills?

What technical skills do you want to get good at?

How can I support you to succeed?

What kinds of teachers do you work well with?

What are your biggest pet peeves with teachers?

How would you like me to talk to you during class?

Please type your name at the bottom: “I acknowledge that I’ve read the syllabus on Ms. Niederman’s website. I agree to abide by all rules and regulations in regards to safety and etiquette in the classroom.”