



2021-2022 COMPLETION FORM

This form must be completed to initiate payment to the writer or artist.

This confirms that _____ (writer/artist)

completed the following days of work at _____
(program site)

Dates the Writer/Artist worked: _____

Program date change or other notes: _____

Signed,

Site contact or representative

Date

Writer/Artist

Date

Please Evaluate This Program:

Artful Aging™ Program Partners: <https://www.compas.org/partner-survey-aa>

All Other Partners: <https://www.compas.org/partner-survey>

Artist's Self-Evaluations: <https://www.compas.org/ta-self-evaluation>

You will be directed to evaluation links again after submitting this completion form.

Writers/Songwriters/Spoken Word Artists:

Please submit your *top two* writing selections to Emma@compas.org.

Remember to include on EACH PAGE submitted:

- **Students FULL NAME and Grade**
- **School, Teacher and Residency Dates**
- **Your Name**

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