Teaching for Creativity Summer Institute 2017-18

Columbus Museum of Art

Name: School:

School District: Position and Grade Level:

*Name(s) of other educators from your school who are applying as part of your team (each individual team member must fill out their own application):*

What might creativity look like or sound like at a given moment in your practice?

What is one thing that you feel hinders creativity in your practice?

What is one thing that you feel supports creativity in your practice?

What do you hope to gain from the Teaching for Creativity Institute?

When is a time when you personally felt creative? What were you doing? What were others doing (or not doing)?

Home address: School address:

Home phone number: School phone number:

Email address:

Please complete and return via email to Jennifer Lehe, [Jennifer.Lehe@cmaohio.org](mailto:Jennifer.Lehe@cmaohio.org) no later than Friday, May 5, 2017