



# Kaleidoscope Workshop Outline

\*Please return this document to Julie by May 15<sup>th</sup>.

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Altamont, TN 37301

Name of Leader: \_\_\_\_\_ Contact Info: (ph) \_\_\_\_\_  
(email) \_\_\_\_\_

Name of Workshop: \_\_\_\_\_

## PURPOSE and GOALS

State the purpose of the workshop: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you like the special needs children to accomplish and experience in this workshop by the end of the week of Kaleidoscope? Please be specific: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OUTLINE

Please list the activities you have planned for each day of your workshop.

Monday

- >
- >
- >
- >

Tuesday

- >
- >
- >
- >

**OUTLINE - continued**

Please list the activities you have planned for each day of your workshop.

Wednesday

- 
- 
- 
- 

Thursday

- 
- 
- 
- 

Friday – remember, only the focus workshop will meet because of Celebration

- 
- 
- 
- 

**CELEBRATION DAY**

What is your Friday Celebration plan? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORKSHOP LOGISTICS**

What do you need for your workshop? (i.e., tables, chairs, easels, electricity, etc...)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**MATERIALS**

Mountain T.O.P. is working diligently to secure grants to purchase all consumable materials needed of Kaleidoscope workshops. If we are not awarded a grant, then we ask you, as workshop leaders, to partner with your church to provide the materials needed in your specific workshop. This is part of Mountain T.O.P.'s philosophy, to be in partnership with the families we serve and the churches that come participate.

If Mountain T.O.P. cannot purchase your supplies, will you be able to bring those supplies with you to Kaleidoscope?

- Yes
- No