

CATEGORY B

SUBJECT:

THEATRICAL ARTS

OBJECTIVE(S)

To encourage and recognize candidates with an interest in the field of theatrical arts.
To develop the acting talent of the participant and to develop confidence in public speaking.

PREREQUISITES

Active involvement in some form of theatrical arts over a period of at least twelve months for a minimum of 50 hours i.e. recognized drama school/club.

Has satisfied the Instructor/Evaluator that they have attended all instructional sessions, practices and performances as required, and have achieved a satisfactory degree of skill in the specific area of expertise in the theatrical field during this time to be considered proficient.

Received no remuneration in return for their theatrical performance.

INSTRUCTORS/EVALUATORS

- Drama teacher
- Recognized professional in related area, i.e. writing, lighting, directing, producing, acting, make-up/wardrobe, scenery, production/props, etc.

REFERENCES AND MATERIALS

- Related books of instruction
- Community College courses, scripts or plays
- Local drama clubs

CONTENT

1. Presently an active member of a drama club, school, etc.
2. Must perform satisfactorily in accordance to the candidate's age, level of instruction and experience.
3. Achieve the minimum hours through practical instruction and/or classes, workshops, volunteering i.e. volunteer in lighting and other departments related to the theatre.

DURATION

As required.

CERTIFICATION

The candidate must:

- a) be an active member;
- b) have turned out regularly (to the satisfaction of the theatre officials) to instructional sessions, practices and performances, etc. during the season;
- c) have shown, in the judgment of the theatre officials, a sincere interest and effort throughout the regular season;
- d) have taken part in at least 2 different performances;
- e) have shown an acceptable skill level and ability relevant to their age and experience.

CERTIFICATION OF SUCCESSFUL COMPLETION OF PROFICIENCY SUBJECT

THEATRICAL ARTS

Instructors/Evaluators should carefully consider the age, ability and accessibility to resource materials of each candidate.

The candidate has completed the above content and meets the requirements to the satisfaction of the Instructor/Evaluator.

Name of Instructor/Evaluator: _____

Agency: _____

Address: _____ Tel #: _____

Instructor qualifications: _____

I certify that

_____ of _____
(candidate's name) (Division #)

meets the criteria of this proficiency subject, as laid out on the previous page(s).

Instructor/Evaluator (signature) Date

Divisional Superintendent (signature) Date