



Memorandum of Understanding between American Legacy Theatre (ALT) and Newport Independent Schools

About ALT

American Legacy Theatre (ALT) generates inviting, reimagined theatrical experiences for all people to have a voice in enriching society. ALT aspires for a day when every American has access to the empathy-building art form of theatre and has a respected voice "in the room where it happens."

Program Overview: Students Create Change (SC2)

Students Create Change (SC2) helps students in grades preK-12 write, design, and act in their own original production around issues critical to them. Budget, content, and marketing are run by the students. When working with PreK, this program typically involves 10 45-minute sessions per cohort. Program length may be tailored to the school's needs and schedule.

Program Timing and Logistics

ALT's teaching artists will work with 2 PreK cohorts of students at Newport Independent Schools in Fall 2026. The specific program schedule will be determined in consultation with the school. Each cohort may be up to 20 students maximum.

Newport's preferred schedule is Wednesdays beginning September 23 and ending December 9 (skipping October 7 and November 25). Possible windows of time are 8:20-10:40am (AM cohort) and 12:20-2:40 (PM cohort). ALT will take these preferences into account and will confirm the final schedule with Newport in August 2026.

ALT commits to the following:

- **Communication:**
 - Provide a primary and secondary point of contact at ALT for this program
 - Communicate about any scheduling changes as soon as possible
- **Program:**
 - Provide at least one teaching artist to lead the sessions
 - Customize the program to the needs of your students
 - Provide the book used in the program and donate a copy to Newport Independent Schools
 - Provide a budget to students to cover materials that ALT and Newport Independent Schools mutually agree are needed beyond what is available in the classroom

Newport Independent Schools commits to the following:

- **Communication:**
 - Provide a point of contact for this program
 - Communicate with ALT about any scheduling changes as soon as possible
 - Have at least one planning call with ALT's teaching artist in advance of the first session
- **Program:**
 - Allot classroom time for this program (typically scheduled as 45 mins per week for 10 weeks)
 - Classroom teacher(s) must remain in the room during this program

- Access to classroom materials
- Invite families and the community to the final performance
- **Data:**
 - Provide ALT with a roster of students prior to the start of the program. Please include name, age/birthdate, and any other notes/information that would be helpful for teaching artists to know in advance of the first session.
 - Provide ALT with photo release permissions (or, if not available, assist in the distribution and collection of ALT's photo release forms)
 - Ensure each participant completes a pre-program survey
 - Ensure each participant completes a *Student Impact Form* and an *Artistic Response Form* at the end of the program
 - Ensure at least one teacher completes a *Program Feedback Survey* at the end of the program
 - Provide parents/guardians with data sharing "opt out" form
 - Provide ALT with the following data (for all students who do not opt out):
 - De-identified, individual student-level data:
 - Demographics
 - Pre- and post-program Kindergarten readiness data, including:
 - TS Gold Fall 2026 assessment score
 - TS Gold Winter 2027 assessment score
 - BRIGANCE assessment score upon Kindergarten entry (Fall 2027/2028)
 - Aggregate data:
 - Comparison TS Gold data (e.g. Fall 2025 and Winter 2026 scores, or average Fall scores from several previous years and average Winter scores from several previous years)
 - Comparison BRIGANCE data (if not already publicly available – e.g. social emotional and adaptive scores based on parent surveys)

By signing below, we indicate that we agree to the commitments listed in this Memorandum of Understanding.

ALT Representative:

Print Name	Signature	Date
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Newport Independent Schools Representative:

Print Name	Signature	Date
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