



WEST END  
SELPA

COMMUNITY ADVISORY COMMITTEE PRESENTS:

# ART & WRITING SHOWCASE

# better Together


This showcase is open to students with special education from participating districts within the West End SELPA. Each student may submit one entry that explores the theme "Better Together". We encourage students to show how working as a team and supporting each other makes us stronger. This theme invites students to create art that shows how friendships, family, or communities are better when they work together. It's about celebrating the power of helping one another.

Poetry	Mounted on Matte Board   Max size 9" x 12"
Essay	Mounted on Matte Board   Max size 9" x 12"
Photography	No framed entries   Max size 16" x 20"
Visual Arts	No framed entries   Max size 24" x 24"
Video	Recorded and shared on flash drive or provided via Google Docs
Musical Score	Recorded and shared on flash drive or provided via Google Docs (must be music of student)
Class Performance	Recorded and shared on flash drive or provided via Google Docs (Max 2 minutes)

## SUBMISSION DEADLINE: MARCH 07, 2025

 Award Ceremony  
Thursday, April 10, 2025

 5PM-7PM

 Gardiner Auditorium  
Chaffey High School  
1245 N Euclid Avenue  
Ontario, CA 91762

*All participants who are present at the award ceremony will be entered in a raffle for an opportunity to win Disney Dollars!*

Questions? Contact:  
[natalie.vivar@weselpa.net](mailto:natalie.vivar@weselpa.net)  
(909) 476-6131



**West End SELPA Community Advisory Committee**

**Annual Art & Writing Showcase**

**Entry Form**

**Theme: Better Together**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Explain your entry:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_

**School:** \_\_\_\_\_ **District:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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*By submitting this entry form, I am agreeing to the guidelines of the Art & Writing Contest. I am consenting to have my child's entry displayed for public view and agree/consent that a photograph of my child and their artwork/video performances may be taken for publicity purposes.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

- Please complete all sections of application.
- Securely attach application & media release to the back of your entry.
- Submit entry to West End SELPA - 8265 Aspen Ave., Ste. 200, Rancho Cucamonga, CA 91730 by Friday, March 07, 2025
- Ceremony held on Thursday, April 10, 2025 at Chaffey Joint Union High School - Gardiner Springs Auditorium - 1245 N. Euclid Ave. Ontario, CA 91762

**Questions? Please contact Natalie Vivar at (909) 476-6131 or email [natalie.vivar@weselpa.net](mailto:natalie.vivar@weselpa.net)**



*San Bernardino County Superintendent of Schools*

2024-2025

## Media Release

Student Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

School: \_\_\_\_\_ School District/County Office \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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I, \_\_\_\_\_, hereby give authorization and consent to the San Bernardino County Superintendent of Schools (SBCSS), and organizations/associations connected with SBCSS, to use photographs (still or moving), interview comments and/or work product for educational and/or promotional purposes. I understand that the aforementioned may be distributed to individuals, groups and/or news media that may publish or broadcast in, but not limited to, social media platforms, advertisements, brochures, press releases, newsletters, slide shows, video presentations and the Internet. I further understand that the SBCSS and its authorized representatives are unable to exercise control over the person(s) who may view and copy (download) my child's likeness and the uses to which such person(s) may put such information.

I, on behalf of myself, my child, our heirs, executors, and assigns, hereby waive any rights to fees, royalties, or other compensation which may arise from the use of such materials or participation in programming under the laws of the United States or any state thereof, or under the laws of any other nation or jurisdiction.

I grant full permission for the use of my child's name, image, likeness, performance, voice and biography for the purpose of publicizing, advertising, or promoting the programming in any medium, including, but not limited to, print, multimedia, internet, radio, television, film, audio or videotaping. (hereafter referred to as "Media"). I understand and agree that SBCSS, and/or its authorized representatives, shall have the exclusive right, title and interest, including copyright, in the Media.

I, on behalf of myself, my child, our heirs, executors, and assigns, hereby release and hold harmless SBCSS and its authorized representatives, officers, trustees, employees, agents, attorneys, successors and assigns, from any and all actions, claims, damages, costs and expenses, including attorney's fees, brought by the pupil and/or parent or guardian, which relate to or arise out of any use of my child's likeness or image or use of the Media.

I understand that my consent and signature on this release are NOT a condition of enrolling my child in any program operated by SBCSS. My consent, authorization and release have been given to SBCSS voluntarily and without coercion or any promise or representation of any kind.

By signing, I understand and agree to these terms and conditions of the San Bernardino County Superintendent of Schools 2024-2025 Media Release.

*Please note: Reasonable care to exclude cannot be guaranteed during a child's presentation in events in a public, open-access setting, such as graduation, performances, academic competitions, sporting events, etc.*

\_\_\_\_\_  
Parent/Guardian Signature (If under the age of 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature (If over the age of 18)

\_\_\_\_\_  
Date

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For questions or concerns, please contact:  
San Bernardino County Superintendent of Schools Communications and Intergovernmental Relations  
communications@sbcss.net | (909) 386-2413

# Eligibility Requirements

This showcase is open to students with special education from participating districts within the West End SELPA. Each student is invited to submit one entry created specifically for this event. Entries should reflect the student's individual work, with the exception of class projects, which are accepted in the Class Performance category. All entries should follow the event theme, meet the size limits for the category, and be mounted or recorded according to the guidelines. Please note that submissions not meeting these requirements may not be eligible for consideration.

## Categories

<u>Entry Type</u>	<u>Specifications</u>
Poetry	Mounted on matte board Max size: 9" x 12"
Essay	Mounted on matte board Max size: 9" x 12"
Photography	No Framed Entries Max size: 16" x 20"
Visual Arts	No Framed Entries Max size: 24" x 24"
Video	Recorded and shared on flash drive or provided via Google - Max: 2 Minutes
Musical Score	Recorded and shared on flash drive or provided via Google - Max: 2 minutes (must be music of student)
Class Performance	Recorded and shared on flash drive or provided via Google - Max: 2 minutes

## Recognition Ceremony

Thursday, April 10, 2025

5:00 PM

Chaffey Joint Union High School

Gardiner Springs Auditorium

1245 N. Euclid Avenue

Ontario, CA 91762

**Questions? Contact Natalie Vivar at (909) 476-6131 or email [Natalie.vivar@weselpa.net](mailto:Natalie.vivar@weselpa.net)**

# Staff Appreciation Award

Parents and guardians are encouraged to recognize their child's teacher or another school staff member for the acceptance of the "Staff Appreciation" award. Please fill out the following form and submit to your school site or West End SELPA, 8265 Aspen Ave., Ste. 200, Rancho Cucamonga, CA 91730 by Friday, March 7, 2025. If you would like to submit additional information, please attach to this form. **\*\*One form per staff member\*\***

Teacher/Staff Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

School: \_\_\_\_\_

District: \_\_\_\_\_

Provide a brief description of how this person has impacted your child's life. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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