

ARTIST		TITLE	
START DATE	Sketch completed before beginning final piece <input type="radio"/> Yes <input type="radio"/> No	MEDIUM	SURFACE
END DATE		<input type="radio"/> Acrylic <input type="radio"/> Watercolor <input type="radio"/> Colored Pencil <input type="radio"/> Crayon <input type="radio"/> Chalk Pastel <input type="radio"/> Oil Pastel <input type="radio"/> Marker <input type="radio"/> Pencil <input type="radio"/> Pen/Ink <input type="radio"/> Collage <input type="radio"/> Mixed Media <input type="radio"/> Print Media <input type="radio"/> Other _____	<input type="radio"/> Canvas <input type="radio"/> Paper <input type="radio"/> Board <input type="radio"/> Wood <input type="radio"/> Other _____
IDEA		ELEMENTS/PRINCIPLES	
PALETTE/ COLOR SCHEME		<input type="radio"/> Line <input type="radio"/> Balance <input type="radio"/> Shape <input type="radio"/> Contrast <input type="radio"/> Form <input type="radio"/> Emphasis <input type="radio"/> Value <input type="radio"/> Movement <input type="radio"/> Space <input type="radio"/> Pattern <input type="radio"/> Color <input type="radio"/> Rhythm <input type="radio"/> Texture <input type="radio"/> Unity	
		PLAN REVIEWED BY (INITIAL):	

DATE	STEP	MEDIUM/COLOR	TOOLS	DONE <input type="checkbox"/>
				DONE <input type="checkbox"/>
				DONE <input type="checkbox"/>
				DONE <input type="checkbox"/>
				DONE <input type="checkbox"/>
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				DONE <input type="checkbox"/>
				DONE <input type="checkbox"/>

Additional Notes/References: