



## Referral for Visual/Performing Arts Assessment

School District: \_\_\_\_\_ School Building: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade level of Student: \_\_\_\_\_

Student Address: \_\_\_\_\_

Student's Parent(s): \_\_\_\_\_

### Student's Parent(s) Contact Information:

Email: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Teacher in area of referral (music, art, drama, or dance instructor): \_\_\_\_\_

Name of person referring student: \_\_\_\_\_

Referral made by (please check appropriate box):  Administrator  Student  Teacher  Parent

Instructions: Check the area(s) of the visual and performing arts where you believe the student should be screened for possible gifted identification, then explain the reason(s) you believe this student should be assessed in the selected area.

### Visual Art (Drawing, Painting, and/or Sculpting)

Please explain why you are referring the child in this area. Be specific as possible. You may use the back in necessary.

\_\_\_\_\_

### Music Vocal and/or Instrumental – Instrument: \_\_\_\_\_ (please specify)

Please explain why you are referring the child in this area. Be specific as possible. You may use the back in necessary.

\_\_\_\_\_

### Drama/Theatre

Please explain why you are referring the child in this area. Be specific as possible. You may use the back in necessary.

\_\_\_\_\_

### Dance

Please explain why you are referring the child in this area. Be specific as possible. You may use the back in necessary.

\_\_\_\_\_

### Please return this form electronically by October 31, 2019 to:

ESC of Central Ohio Gifted Department and Visual Performing Arts Identification Coordinators

Colette A. Smith and Amy Crowe Rogers

[Colette.Smith@escoco.org](mailto:Colette.Smith@escoco.org) and [Amy.Rogers2@escoco.org](mailto:Amy.Rogers2@escoco.org)