

WAUSAU SCHOOL DISTRICT  
GIFTED AND TALENTED SERVICES  
ART CLUSTER PROGRAM

**STUDENT SELF-NOMINATION FORM**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

School \_\_\_\_\_ Classroom Teacher \_\_\_\_\_

Please circle the number that represents the word that describes how you feel about the following statements. Feel free to add additional comments of your own.

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Undecided
- 4 – Agree
- 5 – Strongly Agree

1. Art is important to me.

1 2 3 4 5 \_\_\_\_\_

2. I like to make art at home or outside of school.

1 2 3 4 5 \_\_\_\_\_

3. I would like to know more about what is involved in the work of an artist.

1 2 3 4 5 \_\_\_\_\_

4. I want to learn new skills and techniques in art.

1 2 3 4 5 \_\_\_\_\_

5. I think we should spend more time on art in my school.

1 2 3 4 5 \_\_\_\_\_

6. I like to look at art.

1 2 3 4 5 \_\_\_\_\_

7. Make a drawing on the back that demonstrates your best skills.

*Many students apply for participation in the Art Cluster Program but not all students will be invited to attend.*

**THIS FORM IS DUE TO YOUR ART TEACHER BY December  
17<sup>th</sup>.**

*Art Specialists: Please return this form to the GT Office with the Art Specialist Nomination Form by January 7,  
2022.*