

WAUSAU SCHOOL DISTRICT
GIFTED AND TALENTED SERVICES
ART CLUSTER PROGRAM

STUDENT SELF-NOMINATION FORM

Student Name _____ Grade _____

Address _____ City _____ Zip Code _____

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 4th.

Art Specialists: Please return this form to the GT Office with the Art Specialist Nomination Form by December 18, 2024.