



Groveport Madison Schools
Gifted Education
4400 Marketing Place, Suite B
Groveport, OH 43125
(phone) 614-492-2520

Visual and Performing Arts Nomination Form for Gifted Identification

Student Name: _____ Grade: _____ School: _____

Person Making Referral: _____ Relationship to Student: _____

Date: _____

Specific Area of the Arts being referred (name the instrument, voice, media of art) _____

****Please be as specific as possible, as this helps me determine the expertise needed of the judge.**

Visual and Performing Arts Nomination Form

Instructions: Circle the area of the visual and performing arts in which you believe the student should be screened for possible gifted identification. Then place a checkmark in the circle next to each behavior or attribute you have observed in the student nominated. Write additional observations you think may be relevant on the back of this form or attach additional pages.

VISUAL ART

- ☐ Elaborates on other people's ideas and uses them as a jumping off point as opposed to copying from others
- ☐ Shows unique selection of art media for individual activity or classroom projects
- ☐ Has unusual and richly imaginative ideas
- ☐ Composes with unusual detail and skill
- ☐ Displays compulsive artistic pursuit

MUSIC

- ☐ Matches pitches accurately
- ☐ Is able to duplicate complex rhythms correctly
- ☐ Demonstrates unusual ability on an instrument including voice
- ☐ Has a high degree of aural memory/musical memory
- ☐ Displays compulsive musical pursuit

DRAMA/THEATRE

- ☐ Readily shifts into the role of characters, animals or objects
- ☐ Communicates feelings by means of facial expression, gestures and bodily movements
- ☐ Uses voice expressively to convey or enhance meaning
- ☐ Easily tells a story or gives a vivid account of some experience
- ☐ Regularly seeks performance opportunities

DANCE

- ☐ Demonstrates exceptional physical balance
- ☐ Performs sequences of movement easily and well
- ☐ Communicates meaning and feeling with movement
- ☐ Uses his/her body as an instrument of expression
- ☐ Volunteers to participate in movement activities and dances

Person Making Nomination: Please make a copy of this form and send it home for parent's signature.

Permission to Screen/Assess (Complete by parent of the nominated student)

I give permission for my child _____ to participate in screening/assessment for possible identification of giftedness in the visual and performing arts.

Parent Name: _____ Parent Phone: _____ Date: _____

Teacher in area of nomination _____ Organization (school or studio) _____

Please understand that this form initiates the identification process. Upon parent signature, there will be a screening completed and then a performance or portfolio evaluation will take place for gifted identification.

Educator: Please return this completed form with parent signature to Dr. Jana Alig at the District Service Center.