



VISUAL AND PERFORMING ARTS REFERRAL FORM

Circle the area (or areas) of the visual and performing arts in which you believe the student named below should be screened for possible gifted identification. Then place a checkmark on the line next to each behavior or attribute you have observed in the student. Return the completed form to the school principal or counselor.

Student Name _____

School _____

Grade _____ **Referral Date** _____

Name of Person Initiating Referral _____

Relationship to Student _____

VISUAL ART

- ____ Elaborates on other'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

I give permission for my child to be assessed for purposes of possible acceleration.

Signature of Parent or Legal Guardian

Date

Phone Number

Signature of Person Receiving Referral

Date