

Referral for Visual/Performing Arts Assessment

Student Name: _____ **School:** _____ **Grade:** _____

Teacher in Area of Referral (Music, Art, Drama or Dance Instructor) _____

Private Instructor Name (if applicable) _____

Phone _____ Email _____

Check the area(s) of the visual and performing arts for which you believe the student should be screened for possible identification as gifted. Please explain the reason you believe this student should be assessed in the selected area(s). Please be as specific as possible. You may use the back if necessary.

VISUAL ART (Drawing, Painting, and/or Sculpting)

MUSIC

Vocal Instrumental

DRAMA/THEATRE

DANCE

Person Making Referral

Position or Relationship to Child

Phone

Signature

Date

Please submit this completed form to:
Gifted Coordinator
Newark City Schools
621 Mount Vernon Rd
Newark, OH 43055
NewarkGifted@newarkcityschools.org

Equal access will be available to all students for screening, further assessment, identification and placement for eligible services, including minority or disadvantaged students, students with disabilities, and students for whom English is a second language.