

Referral for Visual/Performing Arts Assessment Newark City Schools

Student Name:

School:

Grade:

Instructions: Check the area (or areas) of the visual and performing arts in which you believe the student should be screened for possible gifted identification. Then explain the reason you believe this child should be assessed in the selected area(s).

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

Please explain why you are referring this child for testing in this area. Be as specific as possible. You may use the back if necessary.

MUSIC (Vocal and/or Instrumental - specify)

Please explain why you are referring this child for testing in this area. Be as specific as possible. You may use the back if necessary.

DRAMA/THEATRE

Please explain why you are referring this child for testing in this area. Be as specific as possible. You may use the back if necessary.

DANCE

Please explain why you are referring this child for testing in this area. Be as specific as possible. You may use the back if necessary.

Name of Person Initiating Referral

Position or Relationship to Child

Phone

Signature

Date

Please submit this completed form to:
Stephanie DeBevoise, Gifted Coordinator
Newark City Schools ASC
621 Mount Vernon Rd
Newark, OH 43055

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.