



Licking County Educational Service Center Referral for Visual/Performing Arts Assessment

Student Information:

STUDENT NAME

STUDENT GRADE LEVEL

SCHOOL DISTRICT

SCHOOL BUILDING

HOMEROOM TEACHER

TEACHER IN AREA OF REFERRAL (MUSIC, ART, DRAMA, OR DANCE INSTRUCTOR)

TEACHER NAME

Referral made by: (please check appropriate box)

Administrator Student Teacher Parent

Private Instructor Information if applicable:

Name: _____ Phone: _____ Email: _____

Instructions: Check the area(s) of the visual and performing arts where you believe the student should be screened for possible gifted identification, then explain the reason you believe this should be assessed in the selected area.

Visual Art (Drawing, Painting, and/or Sculpting)

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

Music (Vocal and/or Instrumental- please specify)

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

Drama/Theatre

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

Dance

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

Please return this form completed to:

Licking County ESC, Office of Gifted Education-VPA, 145 N. Quentin Rd, Newark, OH, 43055

Email gifted@lcesc.org P: 740-349-6084 or F: 740-349-6107