



## Arts Talent ID Teacher Nomination Form



Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
Nominating Teacher: \_\_\_\_\_ School: \_\_\_\_\_  
Nominator's Relationship to Student: \_\_\_\_\_  
Nominator Phone: \_\_\_\_\_ email: \_\_\_\_\_  
Student's Parent/Guardian Name(s): \_\_\_\_\_  
Parent Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Parent email: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

Please submit the *Arts Talent ID* Indicators of Potential Talent Observation Rating Scale in the appropriate arts area along with this nomination form. Provide the following information from your experience working with the student listed above:

1. In what area of the arts are you nominating this student for gifted/talent identification?  
☐ Music      ☐ Visual Arts      ☐ Dance      ☐ Theater/Drama
2. Describe specific behaviors you have observed in which this student displayed unusual talent in this arts area:
3. Share a brief account of the student's attitude and work habits when engaged in activities in this arts area:
4. What are the student's learning needs for differentiation in this arts area?
5. Please provide any additional information regarding this student that may prove helpful:

### FOR OFFICE USE

Date Received \_\_\_\_\_

Copies to:

Arts Teacher: \_\_\_\_\_ Principal: \_\_\_\_\_

Gifted/Talented Coordinator: \_\_\_\_\_ School Counselor: \_\_\_\_\_