



Arts Talent ID

Parent/Student Information & Nomination Form



Student Name: _____ Grade: _____ Date: _____

Student's Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Parent Home Phone: _____ Work Phone: _____

Parent email: _____ Additional Phone: _____

Part A (to be completed by the parent or guardian): We want to learn more about what your child is doing outside of school and what type of activities and interests in the arts you have observed at home. Please provide the following information:

In which arts area(s) do you feel your child shows interest and potential?

- Music
 Visual Arts
 Dance
 Theater/Drama

Circle the number that you feel most closely represents how often you observe your child working in this arts area in the following ways:

1 2 3 4
 seldom or never occasionally frequently almost always

- | | |
|--|------------------|
| 1. Looks and listens with focused concentration; is keenly aware of details in surroundings and people | 1 2 3 4 |
| 2. Can remember details in arts area and can repeat them accurately (melodies, images, movements, behaviors) | 1 2 3 4 |
| 3. Enjoys experimenting and making up things in the arts area (songs, drawings, dances, stories) | 1 2 3 4 |
| 4. Works in arts area with focus and involvement when practicing or revising work | 1 2 3 4 |
| 5. Performs with expression or produces artwork showing expression | 1 2 3 4 |
| 6. Captures the attention of listeners or observers when performing or showing artwork | 1 2 3 4 |
| 7. Shows perseverance while working in the arts area, demonstrating energy and internal motivation | 1 2 3 4 |
| 8. Has self-confidence and sets high goals for self | 1 2 3 4 |

Describe arts activities your child enjoys outside of school, including religious and community groups, lessons, and family activities: _____

List additional information that you feel describes your child's potential talent in the arts area: _____



Arts Talent ID

Parent/Student Information & Nomination Form



Part B (to be completed by the student)

Student Name: _____ Grade: _____ Date: _____

Please check the responses below that apply to you.

The arts area I show great interest in is: Music Visual Arts Dance Theater/Drama

- I enjoy observing or listening to things in this arts area in my free time.
- I notice a lot of details that others don't notice when working in this arts area.
- I enjoy making up my own ideas in this arts area (songs, drawings/sculptures, dances, stories).
- When I practice, I concentrate and solve problems well in this arts area.
- I enjoy performing or showing my artwork to others. They seem to like what I do.
- I learn quickly and want to improve my skills further in this arts area.
- I work hard in this arts area and like to set high goals for myself.
- I think I am good at what I do in the arts. I am proud of my accomplishments.
- I am currently taking lessons in this arts area outside of school.

Teacher/Arts School Name: _____

Teacher/Arts School Phone: _____ email: _____

What arts activities do you enjoy? _____

Describe what you like best about what you do in the arts: _____

What things would you like to learn further in your arts area? _____

Return this form to: _____ by date: _____

FOR OFFICE USE

Date Received _____

Copies to:

Arts Teacher: _____ Principal: _____

Gifted/Talented Coordinator: _____ School Counselor: _____