



# 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 if necessary.


### Vocal Music Instrumental Music

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


### Drama/Theatre

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


### Dance

Please explain why you are referring the child in this area. Be specific as possible. You may use the back if 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](mailto:gifted@lcesc.org) P: 740-349-6084 or F: 740-349-6107