



CANAL WINCHESTER Curriculum Department

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Curriculum
Canal Winchester, Ohio 43110
p: (614) 833-2172 f: (614) 833-2165
Assessment
Services

Cyndi Toledo, Director of
Deborah Finck, Assistant Director of Curriculum
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Visual Performing Arts Nomination Form

Instructions: Circle the area (or areas) of the visual and performing arts in which you believe the student should be screened for possible gifted identification. Then place a checkmark in the box next to each behavior or attribute you have observed in the student nominated. Write additional observations you think may be relevant on the back of this form or attach additional pages. --Adapted from The Ohio Department of Education

<https://education.ohio.gov/Topics/Other-Resources/Gifted-Education/Gifted-Screening-and-Identification/Visual-and-Performing-Arts-Identification>

Visual Art

- Elaborates on other people's ideas and uses them as a jumping off point as opposed to copying from others
- Shows unique selection of art media for individual activity or classroom projects
- Has unusual and richly imaginative ideas
- Composes with unusual detail and skill
- Displays compulsive artistic pursuit

Music

- Matches pitches accurately
- Is able to duplicate complex rhythms correctly
- Demonstrates unusual ability on an instrument including voice
- Has a high degree of aural memory/musical memory
- Displays compulsive musical pursuit

Drama/Theater

- Readily shifts into the role of characters, animals or objects
- Communicates feelings by means of facial expression, gestures and bodily movements
- Uses voice expressively to convey or enhance meaning
- Easily tells a story or gives a vivid account of some experience
- Regularly seeks performance opportunities

Dance

- Demonstrates exceptional physical balance
- Performs sequences of movement easily and well
- Communicates meaning and feeling with movement
- Uses his/her body as an instrument of expression
- Volunteers to participate in movement activities and dances

Date Submitted: _____ Student Name: _____ Grade: _____

District: _____ Building: _____

Name of Person Referring: _____

Relationship to Student: Parent Teacher Peer Self

Permission to Screen/Assess (Complete only if nominator is a parent of the nominated student) I give permission for my child _____ to participate in screening/assessment for possible identification of giftedness in the visual and performing arts.

Parent Name: _____ Parent Signature: _____ Date: _____



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