

Referral Form

Visual Arts



COLORADO
Department of Education

Office of Gifted Education

Referral Form: Visual Arts

Student Name _____ Grade _____ Date _____

School _____ District _____

Person Completing Form _____ Title _____

Phone _____ email _____

How do you know this student? _____

How long have you known this student and in what capacity? _____

DIRECTIONS

Please indicate how often the student listed above has shown the following behaviors by circling the appropriate number beside each item. Provide specific examples for each statement you rated "Almost Always" (4).

1
Seldom or Never

2
Occasionally

3
Frequently

4
Almost Always

CHARACTERISTICS					Evidence/Comments
Observes with focused concentration and is keenly aware of details.	1	2	3	4	
Enjoys experimenting and making up things.	1	2	3	4	
Works with focus and involvement in making or revising work (gets lost in the work).	1	2	3	4	
Produces artwork showing expression and/or emotion.	1	2	3	4	
Is passionate about making/creating.	1	2	3	4	
Shows perseverance.	1	2	3	4	
Demonstrates energy and internal/intrinsic motivation.	1	2	3	4	



Describe why you are recommending this student for identification; what sets him/her apart from others?

Describe how the student consistently meets or exceeds standards compared to same-age peers.

Describe any opportunities this student has had in this area outside of the school setting (e.g., camps, workshops, classes, lessons, clubs, organizations, etc.).

SIGNATURE _____ DATE _____