



**Worthington City Schools Referral For
Visual and Performing Arts Gifted Identification**

Student Demographic Information:

Name: _____ Gender: _____ Date of Birth: _____		
Classroom Teacher _____	School _____	Grade _____
Parent Name(s): _____		Cell: _____
Address: _____		
Email: _____		Referred by: _____
<input type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Principal <input type="checkbox"/> Student <input type="checkbox"/> Gifted Intervention Specialist <input type="checkbox"/> Counselor <input type="checkbox"/> Psychologist		

Areas of observed strength to be tested for possible gifted identification:

<input type="checkbox"/> Visual and Performing Arts <input type="checkbox"/> Art (requires a portfolio) <input type="checkbox"/> Music (requires a performance review) <input type="checkbox"/> Dance (requires a performance review) <input type="checkbox"/> Drama (requires a performance review)
Parent Signature: _____ Date: _____
Teacher Signature: _____ Date: _____
Principal Signature: _____ Date: _____