



Visual or Performing Arts Gifted Checklist

Student name: _____ School: _____ Grade: _____

Name of person completing checklist: _____

Relationship to student: _____ Email and/or phone #: _____

INSTRUCTIONS: Check (3) if the characteristic or behavior is noted frequently
Check (2) if the characteristic or behavior is noted occasionally
Check (1) if the characteristic or behavior is seldom noted
Check (0) if the characteristic or behavior has not been observed

Characteristic/behavior	0	1	2	3
1. <i>Communicates their vision in visual/performing arts.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <i>Unusual ability for aesthetic expression.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <i>Compelled to perform/produce.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <i>Exhibits creative expression.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <i>Desire for creating original product.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <i>Keenly observant of surroundings.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <i>Continues experimentation with preferred medium.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. <i>Excels in demonstrating the visual/performing arts.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. <i>Vivid imagination.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list or attach an example(s) of demonstrated artistry:

Other comments:

Please complete the form and send to kelly.bluell@wrps.net or tina.wallner@wrps.net. Thank you.