



**HAMPTON CITY SCHOOLS
OFFICE OF GIFTED EDUCATION
PARENT CONSENT FORM AND QUESTIONNAIRE
VISUAL ARTS**

_____ I **consent** to my child being evaluated for possible eligibility for the Excel Visual Arts program and would be interested in having him/her considered for placement in the program for Excel Visual Arts if he/she is found eligible.

_____ I **do not wish** to have my child considered for placement in the program for gifted visual arts students.

Child's Full Name _____

School _____ Grade _____ Date of Birth _____

Parent Work Phone _____ Home Phone _____

Address _____ Zip _____

Signature of Parent/Guardian _____ Date _____

Please rate your child according to the scale below. Place a check mark in the appropriate column.

3 - Almost Always (90%) 2 - Usually (75%) 1 - Occasionally (50% or less) 0 - Never (0%)

	3	2	1	0
Self-motivated, completes tasks				
Displays high levels of originality, inventiveness, creativity				
Demonstrates ability to work cooperatively in a group				
Demonstrates ability to work independently				
Accepts and uses criticism				
Displays self-control				
Displays a high level of concentration/focus				
Displays intellectual playfulness. Imagines (I wonder what would happen if...); manipulates ideas				
Is flexible in thought and action; is not threatened when the normal routine is changed				
Displays consistent attendance and promptness				
Strong desire to learn art				
Involvement in art class				
Shows critical thinking, skepticism, evaluative testing				
Willingness to explore arts problems				
Flexible thinker, uses many approaches to solving a problem				
Demonstrates unusual perception and insight, sees unusual relationships				
Does projects in spare time				
Examines and observes things very thoroughly				
Likes to elaborate an idea or add details				
TOTAL EACH COLUMN				

TOTAL _____

ON THE BACK OF THIS FORM, PLEASE PROVIDE ADDITIONAL INFORMATION THAT YOU FEEL WOULD HELP US KNOW MORE ABOUT YOUR CHILD