

Kings Local School District
Process for Gifted Identification in K- 6 Performing Arts

Step 1: An educator, parent, or student may submit a referral form requesting an evaluation for visual/performing arts assessment (**PAGE 2**). All referrals must be received by February 15.

Step 2: The parent or guardian gives permission for the evaluation process (**PAGE 3**).

SUBMIT DOCUMENTS FROM STEP #1 AND STEP #2 TO YOUR CHILD'S BUILDING PRINCIPAL

Step 3: Evaluators will hold a music audition during the month of May.

MUSIC AUDITION

1. The following behaviors as indicated by the state of Ohio typifies a student who might be identified as gifted in music:

- Matches pitch accurately
- Is able to duplicate complex rhythms correctly
- Demonstrates unusual ability on an instrument, and/or voice
- Has a high degree of aural memory/musical memory
- Displays compulsive musical pursuit
- Seems to pick up skills in the arts without instruction

2. For instrumental audition

- Play two contrasting pieces of your choice (bring 6 copies for the assessors)
- May be asked to replicate rhythmic patterns and melodic phrases as requested by assessors
- Perform melodic and rhythmic improvisations as requested by assessors

3. For vocal audition

- Sing two prepared solos – check with your music teacher about appropriateness of selections and accompaniment
- Perform echo pitch matching and improvisations as requested by assessors

If your child is identified as gifted in performing arts, his/her teacher will be informed and may use this information to help provide appropriate educational experiences for your child. At this time, there are not separate classes for students identified as gifted in performing arts. Ohio has a mandate to identify gifted students, but there is no mandate or funding to provide service for performing arts.

If you have any questions, please contact your child's music teacher or Carol Robinson, Gifted Coordinator at Warren County Educational Service Center, 513-695-2904 or at wb_robinson@swoca.net

**Kings Local School District
Performing Arts Referral**

Please complete all parts of the referral form:

Part I: Referral Information

Student _____ School _____ Grade _____
Address _____ City, State, Zip _____
Phone Number _____ Email address _____
Teacher _____

Check areas in which the student is being referred:

- | | |
|--------------------------------|---|
| <input type="checkbox"/> Music | <input type="checkbox"/> Drama |
| <input type="checkbox"/> Vocal | <input type="checkbox"/> Instrumental (Instrument name _____) |
| <input type="checkbox"/> Dance | |

Part II: Student Profile

1. Has the student taken private lessons in the area checked above?

- No
 Yes How many years? _____
Name of studio or teacher _____

2. Is the student enrolled in a school performing arts class?

- No
 Yes How many years? _____
How often does the class meet? _____
How long are the classes? _____

3. Does the student participate in arts-based extracurricular activities or clubs?

- No
 Yes How many years? _____
Please list _____

4. Please write any additional **relevant** information below (use back if necessary):

Part III: Visual/Performing Arts Gifted Identification Permission to Test

Parent permission must be given to continue the assessment process.

PERMISSION FOR ASSESSMENT:



I understand that if I grant permission, my child will receive assessment(s) by trained evaluators and that the information may be shared with teachers, principals, and other appropriate school personnel. I will be informed of whether or not my child qualifies, according to the State of Ohio criteria, for gifted identification in the visual and performing arts area.

I give my permission for the following assessments:

Visual art – Specific area _____

Performing Art – Specific area _____

Child's name _____

Parent's name _____

Address _____

City, State, Zip _____

Phone _____ and _____

Email address _____



Please submit pages 2 and 3 to your child's building principal.