|  |  |  |  |
| --- | --- | --- | --- |
| STUDENT’S FULL NAME:  |  | DOB: |  |
| SCHOOL: |  | RACE: |  |
| GRADE: |  | GRADUATION YEAR: |  |
| MAILING ADDRESS: |  |
| HOME PHONE: |  | CELL PHONE: |  |
| MOTHER’S NAME: |  | WORK PHONE: |  |
| FATHER’S NAME: |  | WORK PHONE: |  |
| GUARDIAN’S NAME: |  | WORK PHONE: |  |
| STUDENT RESIDES WITH: (CIRCLE) MOTHER FATHER GRANDPARENT GUARDIAN |
| ANY KNOWN ALLERGIES OF WHICH THE GIFTED SERVICES SHOULD BE ADVISED: |
|  |
|  |
|  |
| REFERRING SOURCE: |  |
| RELATIONSHIP TO STUDENT: |  |

**Return this form to your child’s Art Teacher or principal once completed**

**PARENTAL PERMISSION**

|  |  |  |
| --- | --- | --- |
| I give **PERMISSION** for Mecklenburg County Public Schools to process with the evaluation of my child to determine if he/she is eligible for gifted services. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |  | I **DO NOT GIVE PERMISSION** for Mecklenburg County Public Schools to process with the evaluation of my child to determine if he/she is eligible for gifted services. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |

**Directions:**

*Please mark the appropriate box for each statement.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Your Child:** | **Almost Always** | **OCCASIONALLY** | **Never** |
| **Draws, paints, or works with other art materials at home**  |  |  |  |
| **Expresses a desire to visit museums, exhibitions and craft shows.**  |  |  |  |
| **Is curious about people, things, and events around him/her.** |  |  |  |
| **Likes to show his/her art work to others.**  |  |  |  |
| **Expresses opinion about decorations in and around the home.** |  |  |  |
| **Is asked by others to do art work.** |  |  |  |
| **Takes pride in doing things well.**  |  |  |  |
| **Spends money to purchase art supplies.**  |  |  |  |
| **Enjoys and appreciates the art of others.** |  |  |  |
| **Comments on the colors, shapes, and structure of things.** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Additional comments:**

**Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**­­­­­­­­­­­­­­­­­­­­­­­­**