

Visual Arts Teacher Recommendation Form

This recommendation form is to be completed by an educator and be given to the District Teacher Leader (elementary) or School Counselor (secondary) in your building.

Student Name: _____	Grade: ____	School: _____
Teacher Name: _____		Today's Date: _____
Name and Title of Nominator: _____		

When have you observed this characteristic?	Seldom or Never	Occasion-ally	Most of the Time	Virtually all of the time
Has a natural sense of how to utilize the elements and principles of design				
Is fully engaged in the art making process				
Wants their work to be "perfect"				
Thinks of themselves as artistic				
Keenly observes the world around them				
Pays close attention to detail.				
Practices art without being told				
Makes art for extended periods of time				
Strives to improve artistic skills				
Keenly observing others who are proficient artists				
Innovative				
Possession of high sensory sensitivity				
Naturally creative				
Can come up with multiple solutions for any given problem				
<i>ADD COLUMN TOTAL:</i>				
<i>MULTIPLY BY WEIGHT:</i>	1	2	3	4
<i>ADD WEIGHTED COLUMN TOTAL:</i>				