

Ohio Department of Education
Visual and Performing Arts Student Profile Sheet
This form to be completed by the student's arts teacher.

Name of Student _____ Age _____ Grade _____

School District _____ Building _____

Completed by (Name) _____ Relationship to Student _____

Date Completed _____

This student is being assessed for ability in (check one):

- Dance Drama/Theatre Music Visual Art

1. Has this student taken private lessons in the area(s) checked above?

- No
 Yes How many years? _____

Name of studio or teacher _____

Method _____

2. Is this student enrolled in a school arts program taught by a specialist?

- No
 Yes How many years? _____

How often does the class meet? _____

How long are the classes? _____

3. Has this student has had opportunities in class to discuss and critique the art form checked above?

- No Occasionally Often

4. Does this student participate in arts-based extracurricular activities or clubs?

- No
 Yes How many years? _____

List them _____

5. Write additional relevant information on the back of this form or attach additional pages.