

**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.

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

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

- No
- Yes      How many years? \_\_\_\_\_

Name of studio or teacher \_\_\_\_\_

Method \_\_\_\_\_

7. 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? \_\_\_\_\_

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

- No       Occasionally       Often

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

- No
- Yes      How many years? \_\_\_\_\_

List them \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

2019-20

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