



VIRGINIA BEACH CITY PUBLIC SCHOOLS

CHARTING THE COURSE

Department of Teaching and Learning
Office of Programs for Exceptional Children

Gifted Visual Arts Program Application

Applications for students not currently enrolled in Virginia Beach City Public Schools should be completed and returned to Old Donation School, 4633 Honeygrove Road, Virginia Beach, VA 23455 by 4:00 p.m. on February 1, 2019. Students currently enrolled in VBCPS must complete the online application at vbschools.com. Incomplete, late, faxed or emailed applications or portfolios will not be processed.

Application Deadline: February 1, 2019

Student's **Legal Name:** _____
Last First MI

Gender: _____ Grade: _____ Date of Birth: _____ Perm ID: _____

Current School: _____ Teacher's Name: _____

Parent/Guardian Name(s): _____

Street Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____ Other Telephone: _____

Application Initiated by:

_____ Art Teacher _____ Gifted Resource Teacher _____ Parent/Guardian
_____ Self _____ Other (specify)

Does this student have a current IEP or 504 Plan?

YES NO

*If yes, a copy of the testing accommodations **must** be attached.*

School of Attendance for year **2019-2020:** _____

Do not write below this line.

Portfolio Review Date: _____

Qualified to participate in the full-day art assessment: **YES NO**

IDENTIFICATION COMMITTEE RESULTS

_____ **IDENTIFIED**

_____ **NOT IDENTIFIED**

Signature (Identification Committee Member)

Program for the Gifted in Visual Arts
ART TEACHER RECOMMENDATION FORM
(Most recent art teacher)

Student's **Legal Name:** _____ Grade: _____
Last First MI

School: _____ Teacher: *(print)* _____

Rate the following characteristics using the scale below. Write the numeric rating in the space provided.

5=Always or almost always 4= Frequently 3=Occasionally, from time to time 2=Infrequently 1=Never or almost never

The student demonstrates artistic talent through:

- _____ Fluency and flexibility: Has many different ideas, adapts to new situations
- _____ Originality: Expresses the familiar in unusual ways, offers unique solutions, creates original products
- _____ Elaboration: Creates detailed projects, turns the simple into complex, gives details
- _____ Imagination: Art work is original and innovative
- _____ High interest in art, artists, and/or art history
- _____ Persistence, enthusiasm, and self-motivation to do artwork
- _____ Willingness to explore and use a variety of materials, tools, and techniques
- _____ Appreciation and genuine interest in the artwork of others; can criticize, and learn from the art of others

Total: _____

Comments: *Please be as specific as possible in commenting on the artistic abilities, and/or aptitudes of this student that you feel should be brought to the attention of the Identification and Placement Committee. Please use the back of this form if additional space is needed.*

Signature _____ Date _____





OLD DONATION SCHOOL HOME OF BRICKELL ACADEMY

4633 HONEYGROVE ROAD : VIRGINIA BEACH VA 23455 : OFFICE: 757.648.3240 : FAX: 757.648.3265
SCHOOL COUNSELING DEPARTMENT: 757.648.3267 : FAX: 757.648.3266

Dear Parents/Guardians,

Your child is being considered for the Gifted Visual Arts Program, grades three through eight. Students should be advised that there is an academic component to art and there will be some requirements involving in-depth oral and written work inside and outside of the classroom.

Criteria considered when reviewing applications include:

- superior potential in art
- superior potential in creativity
- high interest and motivation in art
- art teacher recommendation
- parent information form

To initiate the process of identification, please complete the attached Parent Permission form, art teacher recommendation along with your child's required portfolio and submit to Old Donation School, 4633 Honeygrove Road, Virginia Beach, VA 23455 on or before **February 1, 2019** at 4:00 p.m. Incomplete, late or faxed applications or portfolios will not be processed.

Portfolio Guidelines: The student must complete three examples of quality work depicting the following subjects:

- a self-portrait
- a drawing of your home
- an illustration of a dream or memory

Students must submit work on the forms provided and follow the directions on each page. Students should draw, using a pencil only, from real life. The student's full name, school, age, and grade must be on each piece of artwork to ensure proper identification.

A Screening Committee will evaluate portfolios for originality, complexity of detail (elaboration), composition/design quality, perception, and expressiveness. You will be notified of the decision of the Screening Committee following the portfolio evaluation. Students who demonstrate gifted potential will be invited to attend a full-day assessment at Old Donation School. Identified students will be recommended for placement in the Gifted Visual Arts Program. Please note: Specific information on student applications is not gathered from committee members for the purpose of providing feedback to students or parents.

All sixth through eighth grade students identified gifted in visual arts who wish to participate in the Gifted Visual Arts Program will attend Virginia Beach Middle School on a full time basis for academics and gifted art education. Third, fourth, and fifth grade students identified as gifted in visual arts will have the option to participate in the Gifted Visual Arts Program through the one-day-a-week pull-out model housed at Old Donation School. Enrollment in Virginia Beach City Public Schools is required in order to participate in the Gifted Visual Arts Program.

Sincerely,

Kelly A. Hedrick, Ed.D.
Principal

Program for the Gifted in Visual Arts
PARENT PERMISSION FORM

Student's **Legal** Name: _____
Last *First* *MI*

Gender: _____ Grade: _____ Date of Birth: _____ Perm ID _____

Current School: _____ Teacher's Name: _____

Parent/Guardian Name(s): _____

Street Address: _____ Cell Phone: _____

City: _____ State: _____ Zip Code: _____ Other Telephone: _____

E-mail: _____

Please rate your child on the following characteristics using the scale below:

5=Always or almost always 4= Frequently 3=Occasionally, from time to time 2=Infrequently 1=Never or almost never

My child demonstrates artistic talent through:

- _____ Fluency and flexibility: has many different ideas, adapts to new situations
- _____ Originality: expresses the familiar in unusual ways, offers unique solutions, creates original products
- _____ Elaboration: creates detailed projects, turns the simple into complex, gives details
- _____ Imagination: art work is original and innovative
- _____ High interest in art, artists, and/or art history
- _____ Persistence, enthusiasm, and self-motivation to do artwork
- _____ Willingness to explore and use a variety of materials, tools, and techniques
- _____ Appreciation and genuine interest in the artwork of others; can criticize, and learn from the art of others

Total: _____



List the special interests, hobbies, or talents of your child (things in which he/she is interested and devotes time to frequently).

Additional Comments: *Please be as specific as possible in commenting on any characteristics, abilities, and/or aptitudes of your child that you feel should be brought to the attention of the Screening Committee.*





OLD DONATION SCHOOL
HOME OF
BRICKELL ACADEMY

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SCHOOL COUNSELING DEPARTMENT: 757.648.3267 · FAX: 757.648.3266

Dear Student,

We are happy you are interested in the Gifted Visual Arts Program, grades three through eight. Your artwork will be evaluated for originality, complexity of detail (elaboration), composition/design quality, perception, and expressiveness. Use this opportunity to show us your best work.

Your portfolio must include the following drawings *in pencil*:

1. **Self-portrait**

Look at yourself in the mirror and draw what you see. Include reflections of other things you see in the mirror.

2. **Your home**

Find a comfortable place outside or inside your home and carefully draw where you live. Draw your home from any angle where you can see two walls at the same time.

3. **Dream or memory**

Make a drawing to show your feelings about a dream or memory. Give this picture a title.

Please return these drawings with your completed application on or before **February 1, 2019** at 4:00 p.m. We look forward to seeing your artwork.

Sincerely,

Kelly A. Hedrick, Ed.D.
Principal

Program for the Gifted in Visual Arts Application

Name: _____ Age: _____

School: _____ Grade: _____

1. **Self-portrait:** Look at yourself in a mirror and draw what you see, using a **plain pencil only** (no color). Include reflections of other things you see in the mirror.



Program for the Gifted in Visual Arts Application

Name: _____ Age: _____

School: _____ Grade: _____

2. **Your home:** Find a comfortable place outside or inside your home and carefully draw where you live, using a **plain pencil only** (no color). Draw your home from any angle where you can see two walls at the same time.



Program for the Gifted in Visual Arts Application

Name: _____ Age: _____

School: _____ Grade: _____

3. **Imaginary Drawing:** Draw a dream or memory, using a **plain pencil only** (no color). Give this picture a title.

Title: _____



Aaron C. Spence, Ed.D., Superintendent
Virginia Beach City Public Schools
2512 George Mason Drive, Virginia Beach, VA 23456-0038

Produced by the Department of Media and Communications for the Department of Teaching and Learning.
For further information, please call (757) 263-1070.

Notice of Non-Discrimination Policy

Virginia Beach City Public Schools does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation/gender identity, pregnancy, childbirth or related medical condition, disability, marital status, age, genetic information or veteran status in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. School Board policies and regulations (including, but not limited to, Policies 2-33, 4-4, 4-6, 4-43, 5-7, 5-19, 5-20, 5-44, 6-7, 7-48, 7-49, 7-57 and Regulations 4-4.1, 4-4.2, 4-6.1, 4-43.1, 5-44.1, 7-11.1, 7-17.1 and 7-57.1) provide equal access to courses, programs, counseling services, physical education and athletic, vocational education, instructional materials and extracurricular activities.

To seek resolution of grievances resulting from alleged discrimination or to report violations of these policies, please contact the Title VI/Title IX Coordinator/Director of Student Leadership at (757) 263-2020, 1413 Laskin Road, Virginia Beach, Virginia, 23451 (for student complaints) or the Section 504/ADA Coordinator/Chief Human Resources Officer at (757) 263-1133, 2512 George Mason Drive, Municipal Center, Building 6, Virginia Beach, Virginia, 23456 (for employees or other citizens). Concerns about the application of Section 504 of the Rehabilitation Act should be addressed to the Section 504 Coordinator/Executive Director of Student Support Services at (757) 263-1980, 2512 George Mason Drive, Virginia Beach, Virginia, 23456 or the Section 504 Coordinator at the student's school. For students who are eligible or suspected of being eligible for special education or related services under IDEA, please contact the Office of Programs for Exceptional Children at (757) 263-2400, Laskin Road Annex, 1413 Laskin Road, Virginia Beach, Virginia, 23451.

Alternative formats of this publication which may include taped, Braille, or large print materials are available upon request for individuals with disabilities. Call or write The Department of Teaching and Learning, Virginia Beach City Public Schools, 2512 George Mason Drive, P.O. Box 6038, Virginia Beach, VA 23456-0038. Telephone 263-263-1405 (voice); fax 263-1424; 263-1240 (TDD) or email her at Veleka.Gatling@vbschools.com.

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your virtual link to Hampton Roads' largest school system



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5/15/2017