

L. B. Johnson Middle School

Advanced Art Application/Teacher Recommendation

Applicant's name _____

Home address (City & State)

Home telephone _____ Email _____

Present school _____ Current grade _____

School telephone _____ Principal _____

Previous school(s) attended _____ Grades attended _____

Please indicate your area of interest and provide any samples, pictures or photographs of current artwork (*optional*).

Visual Arts

Drawing _____ Painting _____ Design _____

Ceramics/Clay _____ 3D Sculpture _____

Environmental Art /Recycled Projects _____ Photography _____

Other _____

Please explain why you want to take Advanced Art and what your particular artistic strengths and/or social strengths are that we should be aware of. _____

Use a separate piece of paper if needed.

TEACHER RECOMMENDATION FORM

To the student: please fill in your name. (PLEASE PRINT)

Name of student: _____

To the recommending teacher:

Teacher: _____ Subject: _____ Phone: _____

How well do you know the applicant? Very well _____ Somewhat _____ Slightly _____

Please classify the applicant in the following categories: (leave blank any for which you have no opinion)

Attributes	Poor	Average	Above	Average Superior
Time on task				
Self-confidence/Poised				
People skills				
Attitude				
Academic ability				
Leadership skills				

	Rarely	Sometimes	Frequently	Always
Punctual				
Fulfills commitments				
Shows responsibility				
Shows initiative				
Demonstrates common sense				
Demonstrates maturity				
Works independently				
Utilizes expression in their artwork				
Follows through on guidelines				
Cooperates with peers				
Completes artistic projects				
Enjoys art				
Demonstrates seriousness towards art projects				

Strengths and Concerns: What are this student's particular artistic or social strengths or concerns that we should be aware of as we try to help him/her have a positive art experience at Johnson Middle School? What do you consider to be this person's strongest qualities or talents? _____

Does this student require additional supervision? If so, please explain. _____

Please add any additional comments that would help to understand or evaluate this student on a separate sheet of paper if necessary.

Teacher Signature _____ Date _____

Please complete this form and return it to the student or place in the courier to the Art Department @ L. B. Johnson Middle School c/o Carolyn Robb, Art Teacher. Thank you for your help in connecting this student to the art department at LBJ.