

School Of Visual Arts Portfolio Rating Form

Attach Inside Portfolio (Tape Only The Top Of Sheet)

Please Print Or Type

Please Duplicate Additional Copies As Needed

Student's Name _____ Age _____ Date of Birth _____ Gender _____

Home Street Address _____ City or Town _____ State _____ Zip Code _____ County _____

Student Email Address (**Please print clearly**) _____ Student Home Telephone _____ Current Grade _____

High School _____ School Telephone _____ Art Teacher _____

High school art courses taken:

For Judge's Use Only

Rating of Portfolio	(HIGH) 5	4	3	2	1 (LOW)
Consistency of interest and exploration	_____	_____	_____	_____	_____
Demonstrates ability to deal with concepts/ideas	_____	_____	_____	_____	_____
Degree of technical ability	_____	_____	_____	_____	_____
Proficiency in a medium(s)	_____	_____	_____	_____	_____
				TOTAL	_____

Overall Impression:

Adjudicator's Signature

