

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	Sex
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Home Street Address	Telephone
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City or Town	State	Zip Code	County
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High School	School Telephone	Current Grade
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High school art courses taken:

For Judge's Use Only

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

Overall Impression:

Adjudicator's Signature

