# Interest Survey

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| --- | --- | --- | --- | --- |
| Child’s name(s): |  | | DOB: |  |
| Caretaker’s Name: | |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Telephone Number: |  |  |  | Email Address: |  |  |  |

Address:

|  |
| --- |
|  |
|  |

Child’s School Grade Level:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  | Teachers Name: |

How would you rate your child’s creativity?

* **Exploratory Creativity:** Enjoys sensory activities, can sit and attend for 5 minutes without assistance, has no verbal capabilities
* **Foundational Creativity:** Can identify some colors, can match identical objects or pictures, is able to attend for 10 minutes, has some motor skills (e.g. holding writing utensils, cutting, gluing)
* **Intermediate Creativity:** Developing creative behavior, has some peer interaction, is beginning to understand more complex relational concepts like symbolism
* **Advanced Creativity:** Is able to take other’s perspective, understands symbolism and metaphorical thinking, is able to understand relational framing

Do you have transportation to and from classes? Select your most preferred location:

|  |  |  |  |
| --- | --- | --- | --- |
| * YES | * NO |  |  |

Will Thursday evening 5:00 pm to 7:00 pm work? Please specify your preferred day:

|  |  |  |  |
| --- | --- | --- | --- |
| * YES | * NO |  |  |

Additional Considerations:

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| --- |
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