

Talented and Gifted Referral Form

Teacher Initiated

Student Name: _____ Grade: _____

Teacher: _____ School: _____

Date of Referral _____ Initiated by: _____

Instructions: TAG referral *must have data* to be complete, so please fill in as many fields as you can. If you do not have current year's data but have prior years, indicate the year and use that to fill in the fields. Please try to be specific and detailed, to better inform the referral process. You can also include copies of work samples.

Test scores:

Classroom measures (examples: Easy CBM, STAR, ALEKS, IXL)

o Measure: _____ Score: _____ Date: _____

o Measure: _____ Score: _____ Date: _____

o Measure: _____ Score: _____ Date: _____

Reading (SBAC) Level*: _____ Score: _____ Date: _____

Math (SBAC) Level*: _____ Score: _____ Date: _____

**Level= Met, Does not yet meet, Exceeds*

Other: _____ Score: _____ Date: _____

Please complete the following questions:

1. Do you feel this student is academically talented in **reading**? Yes No Uncertain
2. Do you feel this student is academically talented in **math**? Yes No Uncertain
3. Do you feel this student is **intellectually gifted***? Yes No Uncertain
(*gifted across all domains)
4. Have you notified the parent/guardian of this TAG referral? Yes No

