Talented and Gifted Referral Form

Teacher Initiated

Student Name:			Grade: _		
Teacher:	Sch	ool:			
Date of Referral	Initiated by:				
Instructions: TAG referral must you can. If you do not have curr to fill in the fields. Please try to You can also include copies of v	ent year's data but have be specific and detailed,	prior years, indic	ate the ye	ear and	use that
Test scores:					
Classroom measures (ex	amples: Easy CBM, STA	AR, ALEKS, IXL	<i>.</i>)		
o Measure:	Sco	re:	Date: _		
o Measure:	Sco	re:	Date: _		
o Measure:	Sco	re:	Date: _		
Reading (SBAC) Le	evel*: Sco	re:	Date: _		
Math (SBAC) Le	evel*: Sco	re:	Date: _		
*Level= Met, Do	es not yet meet, Exceeds				
Other:	Sco	re:	Date: _		
Please complete the following q	uestions:				
1. Do you feel this student is academically talented in reading?			Yes	No	Uncertair
2. Do you feel this student is academically talented in math?			Yes	No	Uncertair
3. Do you feel this studen (*gifted across all doma	• •	÷?	Yes	No	Uncertair
4. Have you notified the parent/guardian of this TAG referral?			Yes	No	

Describe specific behaviors, characteristics, or abilities supporting possible TAG identification. What strategies or differentiation have been used to meet this student's needs? Please provide work samples which reflect this student's strengths.					
Signature of person filling out form:	Date:				
If you have any questions about filling out this form please contact:					

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