

Talented and Gifted Referral Form

A student should be referred for Talented and Gifted programs, if you suspect one or more of the following:

Reading and/or math abilities and achievement at the 97th %ile or better, or intellectual and/or reasoning abilities at or above the 97th %ile.

In order for a child to be determined eligible, multiple measures will be used and a team decision by the referring teacher, counselor, TAG facilitator and/or principal will be made. You will be asked for more information as we progress.

Once the evaluation has been completed, the person that made the referral as well as the parent/guardian will be notified of the results. In case of identification as Talented and Gifted, a parent/child survey must be completed to provide input that would be used to develop individual TAG plans for scheduled classes. Surveys will be completed annually and placed in the student's TAG file.

Students Name: _____

Grade: _____ *Teacher:* _____

Date of Referral: _____ *Referring Person:* _____

Relation to Student: _____ (H) _____ (W)

Reason for Referral: Observations, test results, etc. _____

Suspected area(s) of talent and/or giftedness: _____

