

Mt. Angel School District Talented & Gifted

Identification Process Worksheet

TAG Identification Referral		Data Collection	Data Collection		
Referral type and date: Teacher Self Parent Other Test: Other:		☐ Review Cu☐ Review Wo☐ MAP	☐ Standardized IQ☐ SBAC		
		Date	Instrument	Result	
Parental Consent for Te	sting				
(Needed for standardize	d academics and/or IQ)]			
Create TAG File Date:					
TAG Eligibility Decision &			NO		
assessment ☐ Strong Work Samples ☐ Strong Advocacy ☐ S		97th percentile on standardized assessment Strong Work Samples Strong Advocacy		ssessments do not meet AG eria (under 93rd percentile) /eak Work Samples /eak Advocacy	
TAG Status		□ Potential Reading□ Potential Math	DATE:		
□ Approved □ Denied	☐ Math	□ Potential Intellect □ Other	ual		

REVISED: 8/22/2016

TAG Identification and Services Plan

Meeting	Date:		
٥	Parent Consent for TAG Placement		
TAG D	Decision Meeting		
	Teacher		
	TAG Coordinator	Update School Records	
	Administrator	Update WebSIS (flag)	
	Counselor	Insert TAG Flag into Cumulative File	
	Other:	<i>y</i>	
	Other:		
	Student/Parent Survey for TAG Plan Input	Parent Information Offered to Parent	
		□ Parent Letter Sent	
		Parent Handbook	
Toach	ner Develops TAG Service Plan	Parent Notification Record	
Teach		Parent Advocacy Invitation	
	K-5 plan		
	6-12 plan		
Follov	w-up in 90 Days	Teacher provides services according to plan.	
	TAG Plan implemented	Plan is reviewed annually.	
	Modify TAG Plan as needed		
	<u> </u>		
		Original in Cumulative file	
		Copy to Parents, Building TAG Coordinator and District	
	.	TAG Coordinator	
IAG Tea	ım Signatures		
Parent:		TAG Coordinator:	
Student:		Administrator:	

Teacher:	Counselor:
Teacher:	Other:

TAG—01 ID PLAN REVISED: 8/22/2016