



Teacher Referral Form

Students Name _____ Date of birth _____

Date of referral _____ Initiated by: __ parent __ teacher __ other: _____

Name of parent/guardian _____ phone _____

Parent email _____

Grade _____ Teacher _____ school _____

Reason(s) for referral: Reading (SBAC) Math (SBAC) Intellectual (CogAT)

Other:

Comments from student's former teachers:

Test, scores and grades:

School history:

Other pertinent data:



Talented and Gifted Program

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 |

Indicate specific behaviors, characteristics, or abilities supporting possible TAG identification:

Please provide work samples (copies are fine) which reflect this students' strengths. In order to give the committee a clear understanding of this student's performance you are encouraged to write comments on the work samples. (For example: Was the work completed independently or with help? Do you consider the work sample exemplary or above grade level?)

If you feel this child does not exhibit behaviors typical of a TAG student and should not be considered for TAG placement, please comment:

Parent observation form attached? Yes No
 Teacher observation form attached? Yes No

Teacher signature: _____ date: _____

Principal signature: _____ date: _____

If you have any questions about filling out this form please contact:

Rebecca Hawkins- District TAG Coordinator
 Rebecca.hawkins@ortrail.k12.or.us
 (503)668-4454 ext. 5334

TAG- Teacher Referral

updated: 12/2018

****Please send completed forms to Rebecca Hawkins at Naas Elementary****