



Teacher Referral Form for KCSD Talented and Gifted (TAG)

Referral Initiated by: Teacher Parent Other: _____

Potential Areas of Giftedness: Intellectual Academic Creative Ability

Date Received: _____

Student Name: _____

School: _____ Grade: _____ Teacher(s): _____

Assessment Data: Please share any current assessment data that you have for the student.

Content Area	iReady Comprehensive Diagnostic Test <i>(Please include date tested and Percentile Rank)</i>
Math	
Reading	
Content Area	Acadience Data <i>(Please include date tested and local percentiles)</i>
Math	
Reading	
Other Information	Include evidence of accelerated learning, classroom observations, performance task data, or work samples that you think showcases the student's abilities.

Classroom Teacher Signature _____ Date _____

Please return to TAG Coordinator at Shasta Elementary