



Teacher Referral Form for KCS D Talented and Gifted (TAG)

Referral Initiated by: Teacher Parent/Guardian Other: _____

Potential Areas of Giftedness: Intellectual Academic (Math/Reading)

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	
Additional Data	
Math	
Reading	
Other Information	Include evidence of accelerated learning, classroom observations, performance task data, work samples that you think showcases the student's abilities, or any special circumstances that need to be considered.

Classroom Teacher Signature _____ Date _____

Please return to TAG Coordinator at Shasta Elementary