



TAG IDentification Process Form

**PORTLAND PUBLIC SCHOOLS
TALENTED AND GIFTED**

Student _____ **D.O.B.** _____ **Male** ___ **Female** ___ **ID #** _____
Please PRINT: Legal Last Name Legal First Name Middle Initial

Address _____ **Phone #** _____ **Zip Code** _____

Parent Name _____ **Parent Signature** _____

School _____ **Grade/Teacher** _____ **Room #** _____ **Date** _____

Parent and Teacher Observations: **ADVOCACY INFORMATION**

Scale	Question	Parent						Teacher					
		1	2	3	4	5	6	1	2	3	4	5	6
1 Never	1. Learning: Retains and learns information easily; Uses complex language/large vocabulary; Shows strong memory, quick recall; Carries out complex instructions with ease	1	2	3	4	5	6	1	2	3	4	5	6
2 Seldom		2. Skills: Reads/comprehends on an advanced level; Shows high level thinking; Uses advanced computations and/or complex math systems; Displays academic/artistic creativity	1	2	3	4	5	6	1	2	3	4	5
3 Occasionally	3. Interests: Demonstrates unusual or advanced interests; Is considered an "expert" on certain topics		1	2	3	4	5	6	1	2	3	4	5
4 Frequently		4. Reasoning/Problem Solving: Recognizes patterns & connections; Is a keen observer; Makes mental connections; Devises strategies to solve problems; Has "out-of-the-box" ways to solve problems; Is a Nonconformist	1	2	3	4	5	6	1	2	3	4	5
5 Almost always	5. Motivation/Leadership: Is a Self- or Independent starter; Is an independent worker; Does not follow the typical path; Self-confident; Well-liked		1	2	3	4	5	6	1	2	3	4	5
6 Always		1	2	3	4	5	6	1	2	3	4	5	6

TEACHER OBSERVATIONS

School Performance: Strongest areas:	<input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Intellectual	Student Performs above expectations when given opportunity:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
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Teacher Observation/ Information Review: (mark all that apply)

<input type="checkbox"/> Student permanent file (CUM) <input type="checkbox"/> TAG Pre-Screening Checklist <input type="checkbox"/> Gifted ID from another District <input type="checkbox"/> Previous test scores <input type="checkbox"/> Report cards	Social and Emotional variables: <table style="width: 100%;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> Language <input type="checkbox"/> Under-represented <input type="checkbox"/> Environmental <input type="checkbox"/> Cultural </td> <td style="width: 50%;"> <input type="checkbox"/> Health <input type="checkbox"/> Special Education <input type="checkbox"/> ELL Designation <input type="checkbox"/> Economic </td> </tr> <tr> <td colspan="2" style="text-align: right;"> <input type="checkbox"/> Other _____ </td> </tr> </table>	<input type="checkbox"/> Language <input type="checkbox"/> Under-represented <input type="checkbox"/> Environmental <input type="checkbox"/> Cultural	<input type="checkbox"/> Health <input type="checkbox"/> Special Education <input type="checkbox"/> ELL Designation <input type="checkbox"/> Economic	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Language <input type="checkbox"/> Under-represented <input type="checkbox"/> Environmental <input type="checkbox"/> Cultural	<input type="checkbox"/> Health <input type="checkbox"/> Special Education <input type="checkbox"/> ELL Designation <input type="checkbox"/> Economic				
<input type="checkbox"/> Other _____					

Test history: Record any test scores you believe helpful. (i.e. OSA, TESA) Additional testing may be required.

Test name	Date	Score/percentile	

TEACHER: Evidence of Rate and Level- WORK SAMPLES

6-Exemplary 5-Strong 4-Proficient 3-Developing 2-Emerging 1-Beginning

	<i>Assignment</i>	<i>Content Area/Date</i>	<i>Circle Score</i>
1			1 2 3 4 5 6
2			1 2 3 4 5 6

For School/TAG Office Use ONLY

Standardized Test Results

Test Name	Date	Percentile Circle Type of Test			
CogAT		Verbal ____%	Quant. ____%	NV ____%	
NNAT/RAVEN (Circle)		____%	Intellectual		
ITBS		____%	Reading	Math	Intellectual
		____%	Reading	Math	Intellectual
		____%	Reading	Math	Intellectual

Circle **YES** or **NO** for ALL THREE CRITERIA:

YES	NO	Does the advocacy information indicate TAG? (Mostly 5's and 6's)
YES	NO	Does the child have a standardized test score of 97% or higher?
YES	NO	Are the work samples rated at 5 or 6?

CHECK ONE

YES, if the standardized test is at 97% + and at least one other criteria is yes. *(Check identification area below.)*

Intellectually Gifted

Math-Academic

Reading-Academic

POTENTIAL, if the standardized test is at 95% and at least one other criteria is yes. Parents may appeal.

NO, if the standardized test is below 95% with weak work samples, weak advocacy. Parents may appeal.

Team Comments to the TAG Office

TAG Coordinator:

Principal:

(m)____(d)____(y)____

Team signatures:

TAG Office Decision

YES

NO

POTENTIAL

(m)____(d)____(y)____

Intellectually Gifted

Math-Academically Talented

Reading-Academically Talented

Data entry

Entered into eSIS

Letter sent

TAG Folder

Signatures:

Comments: