



**Nomination/Permission Form for Identification for
Talented and Gifted Education
2019-2020**

Due to School: November 26, 2019

**INCOMPLETE OR LATE FORMS WILL
NOT BE ACCEPTED.**

Section I – Student Information (Parent Completes in black or blue ink)			
Student Name:			Student ID Number:
Current School:	Teacher:	Current Grade:	Home Language:
Date of Birth:	Gender:	Race:	Special Ed: <input type="checkbox"/> YES <input type="checkbox"/> NO
Is Interpretation needed? (Directions Only) <input type="checkbox"/> YES <input type="checkbox"/> NO		Some math or reading assessments are available in Spanish. If applicable, would this student do better taking the test/s in: <input type="checkbox"/> English <input type="checkbox"/> Spanish	
Area(s) to Use for TAG Identification: Check the box or boxes for the area/s you would like to nominate the student.	<u>Intellectual</u> <input type="checkbox"/>	<u>Math</u> <input type="checkbox"/>	<u>Reading</u> <input type="checkbox"/>

Section II – Student Survey (Parent and Teacher Completes)					
Characteristics Common to Gifted Students					
Does the student demonstrate any of the following characteristics and patterns of achievement or performance? Circle all those that apply: 1 = Never 2 = Rarely 3 = Occasionally 4 = Frequently					
	Parent	Teacher		Parent	Teacher
Complex Vocabulary	1 2 3 4	1 2 3 4	Highly Creative	1 2 3 4	1 2 3 4
Very Quick Recall of Facts	1 2 3 4	1 2 3 4	Multilingual	1 2 3 4	1 2 3 4
Prefers to Work Independently	1 2 3 4	1 2 3 4	Intense Interest	1 2 3 4	1 2 3 4
Prefers Complex Unconventional Ideas	1 2 3 4	1 2 3 4	Refusal to Comply	1 2 3 4	1 2 3 4
Asks a Lot of Probing Questions	1 2 3 4	1 2 3 4	Low Self-Esteem	1 2 3 4	1 2 3 4
Curious and Investigative	1 2 3 4	1 2 3 4	Negative Attitude	1 2 3 4	1 2 3 4
Alert and Eager	1 2 3 4	1 2 3 4	Disrupts Others	1 2 3 4	1 2 3 4
Produces Original Products	1 2 3 4	1 2 3 4	Poor Work Habits	1 2 3 4	1 2 3 4
Seeks Company of Older Peers/Adults	1 2 3 4	1 2 3 4	Unfinished Work	1 2 3 4	1 2 3 4
Many Interests and Hobbies	1 2 3 4	1 2 3 4	Frustrates Easily	1 2 3 4	1 2 3 4
Can Grasp Underlying Principles and Make Generalizations	1 2 3 4	1 2 3 4	Class Clown/Attention Seeking	1 2 3 4	1 2 3 4
Stubborn in Own Belief	1 2 3 4	1 2 3 4	Lack of Effort	1 2 3 4	1 2 3 4
Sees Familiar Things in an Unusual Way	1 2 3 4	1 2 3 4	Asks "Why" Often	1 2 3 4	1 2 3 4
Keen Sense of Humor	1 2 3 4	1 2 3 4	Non-Conformist	1 2 3 4	1 2 3 4
Comprehends Ideas Very Quickly	1 2 3 4	1 2 3 4	Easily Bored	1 2 3 4	1 2 3 4

Parent/Guardian Permission:	Date:
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Student Name: _____

Student ID: _____

Section III - Evidence of Rate & Level of Learning for Nominated Areas <i>(Teacher Completes)</i>		
1 = Beginning 2 = Developing 3 = Proficient 4 = Advanced		
Sample #1 of Work (Required)	Description:	Rating: 1 2 3 4
Sample #2 of Work (Required)	Description:	Rating: 1 2 3 4
In order to identify a student who scored lower than the 95th percentile on an accepted standardized assessment as "Potential", at least TWO additional pieces of evidence will be required.		
Please check those used: <input type="checkbox"/> High Potential Culturally, Linguistically, and Economically Diverse Learners (CLED) Rating Scale <i>(attach)</i> <input type="checkbox"/> Grades – Middle/High School <input type="checkbox"/> Observations/Anecdotal Notes <i>(attach)</i> <input type="checkbox"/> Additional Samples of Work <input type="checkbox"/> Other – Please Specify: _____		

Section IV - Synergy Check <i>(Facilitator Completes)</i>	
Is the student currently TAG Identified in Synergy? <input type="checkbox"/> Intellectual <input type="checkbox"/> Math <input type="checkbox"/> Reading <input type="checkbox"/> Not Currently TAG Identified in Any Area	Does the student have testing accommodations written in an IEP/504 in Synergy? <i>If yes, what are the accommodations:</i>

Section V – Assessment Type <i>(Facilitator Completes): Check which assessments are to be used ("other" must be approved first)</i>			
Intellectual Assessments	NNAT3: <input type="checkbox"/>	Other: <input type="checkbox"/>	Other (name of assessment and TAG TOSA who approved):
Math Assessments	IOWA: <input type="checkbox"/>	SBAC <input type="checkbox"/> <u>OR</u> MAP: <input type="checkbox"/>	Other (name of assessment and TAG TOSA who approved):
Reading Assessments	IOWA: <input type="checkbox"/>	SBAC <input type="checkbox"/> <u>OR</u> MAP: <input type="checkbox"/>	Other (name of assessment and TAG TOSA who approved):

Section VI - Final Placement Decision <i>(School Team Completes): Enter scores and identifications</i>			
Circle All That Apply			
INTELLECTUAL Percentile: _____	TAG 97 th - 99 th	Potential ≤ 96 th	Does Not Qualify
MATH Percentile: _____	TAG 97 th - 99 th	Potential ≤ 96 th	Does Not Qualify
READING Percentile: _____	TAG 97 th - 99 th	Potential ≤ 96 th	Does Not Qualify
Team Signatures <i>(Minimum of 2)</i>			
Principal		Date:	
TAG Facilitator		Date:	
Other		Date:	
TAG TOSA		Date:	