



## Verification of Communication: Individual TAG Plan Talented and Gifted Students

Date:

School:

Student Name:

Grade:

Homeroom or Core Teacher:

TAG Facilitator:

Enclosed is a draft of your child's Individual TAG Plan for this school year. Please review it carefully and give your child's teacher input so they may better plan for meeting your child's needs this school year. You may write on the draft. Please return the plan back to the teacher in a timely manner. Once completed, a final copy will be sent home to you.

If you believe no changes are needed, sign it, and return it to your child's teacher. A copy will be sent home to you.

If you have concerns and/or questions about your child's instructional program, you may address them by contacting the teacher by phone and or email to make an appointment. You may also reach out to the school's TAG Facilitator.

Parent Signature: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

**Note:**

The TAG Facilitator should make two copies of the form AND Individual Plan for every student that receives an Individual TAG Plan. The teacher sends one signed copy home with the parent and gives the other to the TAG Facilitator or other school personnel to place in the student's salmon colored folder for documentation.