

TAG Services

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**Summa Nomination Form for Students not
Enrolled in the Beaverton School District**
(This form must be returned to nominate your child for testing)

**Parent/Guardian Permission for
Summa Eligibility Determination**

Student Name _____
Last First Middle

Date of Birth _____ Current Grade _____ Current School Name _____

Parent/guardian name (please print): _____

Mailing address _____

Home phone _____ Work phone _____

E-mail address _____

Has your child ever been nominated and evaluated for eligibility for TAG Services or Summa in Beaverton?

Yes ___ No ___ If "Yes," what year was your child evaluated? _____

I grant permission for my child to be tested by TAG Services. Students will be tested using a cognitive ability test or a reading and/or math achievement test when no tests scores are available. Additionally, by signing below, I allow the Beaverton School District to review any data that I have provided.

Your signature _____ Date _____