

Grants Pass School District Talented and Gifted Education
Student Self-Referral for TAG Identification

Student _____ Grade _____ School _____

Parent(s) _____ Date _____

Please answer the following questions about yourself to help us understand you as an individual and as a learner. This information will be used by the Screening Committee to help determine eligibility for TAG services and if you are identified for TAG it may also be used to help teachers plan for any modifications that may be necessary to accommodate your rate and level of learning.

What hobbies or special interests do you have? _____

What accomplishments are you most proud of? Why? _____

For what reasons do you read? Describe some books or other materials you enjoy reading. _____

What are your strengths as a student? _____

What are your weaknesses as a student? _____

If you were a teacher, what would you feel is the most important thing you could do for your students?

Do you feel you are different from other students in your class? If so, how? _____

What are your expectations for your future (after high school)? _____

What would help you gain more from your school experience? _____

How would being identified as a TAG student benefit you? _____

What else would you like us to know about you? _____

Please answer one of the following questions on a separate sheet of paper.

- What might a reader find on page 95 of your autobiography?
- What three people (past or present) would you invite to a dinner party and why?
- What items do you own that tell the most about you as an individual?

I wish to be considered for the Talented and Gifted Program. I understand that the TAG screening committee's decision will be made based on a variety of information sources, including test scores, parent evaluations, this self-evaluation, and teacher evaluation(s). I also understand that even if I am not found eligible for TAG this year, new information might cause the committee to reconsider me later.

Signed _____ Date _____