



TAG Appeal Form

Student's Last Name	First Name	Parents/Guardians
Date of Birth	Grade	Street Address
School Attending		City/State/Zip
TAG Support Teacher or School Counselor		Telephone
TAG Screening Team Decision: <input type="checkbox"/> TAG Intellectually Gifted <input type="checkbox"/> TAG Academically Talented in Reading <input type="checkbox"/> TAG Academically Talented in Math <input type="checkbox"/> TAG Potential <input type="checkbox"/> Not TAG identified at this time		I would like my child reconsidered for: <input type="checkbox"/> TAG Intellectually Gifted <input type="checkbox"/> TAG Academically Talented in Reading <input type="checkbox"/> TAG Academically Talented in Math <input type="checkbox"/> TAG Potential
<p>Please include any of the following new information that you may not have included for the initial TAG screening to your child's school. Check off and include copies of the documents/information.</p> <p>_____ Parent/Guardian Survey (if not included before)</p> <p>_____ New Test results (attach copy of score report)</p> <p style="margin-left: 40px;">○ Ability test _____</p> <p style="margin-left: 40px;">○ Achievement test _____</p>		
_____ Parent/Guardian Signature		_____ Date
<p>Mail appeal form and attachments to:</p> <p>North Clackamas School District Instructional Services: TAG 12400 Freeman Way Milwaukie, OR 97222</p>		