NORTH Clackamas Schools

TAG Referral Form

Please type or print clearly.

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

Signature of Referral Source _____ Relationship to Student _____ Date of Referral _____

Language(s) spoken in the home _____

In the space provided below, please describe why the student should be screened for possible Talented and Gifted services in the classroom through differentiation.

Revised 10/2016