BOULDER VALLEY SCHOOL DISTRICT
Talented and Gifted Student Identification
Nomination Form

Please complete this information and return to the TAG Educational Advisor of the student's school. Upon receipt of this completed form, the TAG Educational Advisor will initiate the identification process. If the person nominating the student is not the student's parent and information is missing, we will contact parents and ask their help in completing the form.

Student Information

Person Nominating (circle): parent teacher other (please specify):_____

STUDENT NAME:_____ GENDER:_____ Date of Birth _____

Age (when nominated):_____Grade (at nomination):_____Teacher_____

Address:_____ 2nd Address:_____
_____ _____

Parent's Names:_____ Phone(h): _____(w):_____
_____ Phone(h): _____(w):_____

e-mail _____

Language(s) spoken by the student:_____

Check all that apply:

_____ ESL (English as a Second Language)--First language:_____
_____ Twice Exceptional--Special Education identified area:_____
_____ Accelerated one grade or more (skipped a grade)—Which grade level(s):_____
_____ Identified at another school/district? _____ Please specify:_____
_____ Check here if submitting privately obtained IQ or other assessment data

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PARENTAL RELEASE:

I give Boulder Valley School District permission to assess my child, _____, for the talented and gifted program. If needed, I also give permission for a Personal Learning Plan to be developed based on my child's individual needs.

_____
Parent signature Date