Talented & Gifted (TAG) Program

Sweet Home School District #55
1920 Long Street, Sweet Home, OR 97386
Student Services Department
Talented & Gifted Program
541-367-7110

Attention Schools:
Please return to
TAG department
at District Office

Student Name _____ School _____ Grade _____

SELF-REFERRAL FORM

Please answer the following questions to help us understand you as an individual and as a learner. This information will be used to help determine eligibility for TAG, and to help teachers plan for your educational needs if you are identified as TAG.
We appreciate your time and collaboration in this process!

What are your favorite subjects?

_____

_____

_____

What are your interests, hobbies, and/or collections?

_____

_____

_____

What accomplishment are you most proud of and why?

_____

_____

_____

What are your strengths as a student?

_____

_____

_____

What could you do to become a better student?

_____

_____

_____

How well do you like school and why?

_____

_____

_____

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

_____

_____

_____

Do you feel 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 special lessons, training, or learning opportunities do you have outside of school?

_____

_____

_____

What else should we know about you?

_____

_____

_____

Please answer one of the following questions on a separate sheet and submit it with this application:

☐ What might a reader find on page 95 of your autobiography?
☐ What 3 people (past or present) would you invite to dinner and why?
☐ What items do you own that tell the most about you as an individual?

In your opinion, how should the TAG Screening Committee proceed with your identification? *(Check all that apply)*

☐TAG identification in mathematical abilities
☐TAG identification in reading abilities
☐TAG identification in intellectual giftedness *(may or may not translate into high classroom performance)*

I wish to be considered for the Talented and Gifted (TAG) program at Sweet Home School District. I understand that the TAG Screening Committee's decision will be made based on a variety of information sources, including test scores and family/teacher evaluations, along with this self-referral. I also understand that if I am not found eligible for TAG this year, new information might cause the committee to consider me at a later time.

Student Signature_____ Date_____

Please take this form to your school **or** mail it to:
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Student Services Department
Talented & Gifted Program
1920 Long Street
Sweet Home, OR 97386