



HARRISBURG SCHOOL DISTRICT NO. 7

P.O. Box 208
865 LaSalle Street
Harrisburg, Oregon 97446-0208
Telephone (541) 995-6626
Fax: (541) 995-3453

Bryan Starr, Superintendent ** Justin Thomas, Board Chair

TAG REFERRAL LETTER (No Testing Needed)

CONTACT: School Principals: Brenda Yahraes, 541-995-6544, K - 6
Joshua Stauber, 541-995-6626, 7-12
Superintendent: Bryan Starr, 541-995-6626 option 1

DATE: _____

To the Parent/Guardian of: _____

Student Name: _____

From: Harrisburg School District Talented and Gifted Program Team

We are pleased to let you know your child has been nominated as a potential Talented and Gifted (TAG) student. The Harrisburg School District is committed to meeting the educational needs of all students. Our TAG program is designed to correlate curriculum and instruction to the student's appropriate rate and level of learning. We have enclosed our TAG brochure which contains information regarding our program, responsibilities and your rights as parents.

We would like to begin the process of identifying of your child. In order to determine your child's eligibility we request you fill out the attached questionnaire. The information on the questionnaire form will help us to identify your child and address his/her academic needs.

Our goal is to determine identification within the next 30 days. If we are unable to make a determination in that time, we will contact you by phone or mail to let you know the reason for the delay. Parents do have the right to refuse this identification process as well. If you would prefer not to have your child participate please sign the appropriate line. Please feel free to contact me if you have any questions or concerns.

Thank you for your cooperation and support.

Bryan Starr
Harrisburg TAG Coordinator

"Together We Empower Students to Succeed"



HARRISBURG SCHOOL DISTRICT NO. 7

P.O. Box 208
865 LaSalle Street
Harrisburg, Oregon 97446-0208
Telephone (541) 995-6626
Fax: (541) 995-3453

Bryan Starr, Superintendent ** Justin Thomas, Board Chair

TALENTED AND GIFTED PROGRAM: PARENTAL CONSENT

Student name: _____

I understand I have the right to accept or reject the TAG identification process for my child _____. I understand that the granting of consent is voluntary and may be revoked at any time. I also understand that consideration of my child does not guarantee a final identification as intellectually gifted or academically talented.

_____ Consent is given to pursue TAG identification of my child.

_____ Consent is denied to pursue TAG identification of my child.

Parent/Guardian Signature

Date:



HARRISBURG SCHOOL DISTRICT NO. 7

P.O. Box 208
865 LaSalle Street
Harrisburg, Oregon 97446-0208
Telephone (541) 995-6626
Fax: (541) 995-3453

Bryan Starr, Superintendent ** Justin Thomas, Board Chair

TALENTED AND GIFTED PROGRAM: CONSENT TO EVALUATE/RIGHT OF REFUSAL

CONTACT: School Principals: Brenda Yahraes, 541-995-6544, K - 6
Joshua Stauber, 541-995-6626, 7-12
Superintendent: Bryan Starr, 541-995-6626 option 1

DATE: _____

To the Parent/Guardian of: _____

From: Harrisburg School District Talented and Gifted Program Team

We are pleased to let you know your child has been nominated as a Talented and Gifted (TAG) student. The Harrisburg School District is committed to meeting the educational needs of all students. Our TAG program is designed to correlate curriculum and instruction to the student's appropriate rate and level of learning. We have enclosed our TAG brochure which contains information regarding our program, responsibilities and your rights as parents.

We would like to begin the process of identifying of your child. In order to determine your child's eligibility, we are requesting your permission to administer individualized testing. The assessment of your child may include a review of records, interviews, observations, and tests. Oregon Administrative Rule (OAR) 581-21-0030 requires that the Harrisburg School District receive written consent before beginning any testing. If you would like us to begin the process, please sign the permission form (attached) and return it as soon as possible. Below is list of evaluations and/or tests the district may use:

Intelligence Assessments

WISC (Special Populations)

Academic Assessment

Smarter Balanced
WIATT (Special Populations)
Woodcock-Johnson
Woodcock-Munoz (ELL)
MAP

Our goal is to determine identification within the next 30 days. If we are unable to make a determination in that time, we will contact you by phone or mail to let you know the reason for the delay. Parents do have the right to refuse this identification process as well. If you would prefer not to have your child participate please sign the appropriate line. Please feel free to contact me if you have any questions or concerns.

Thank you for your cooperation and support.

Bryan Starr
Harrisburg TAG Coordinator

"Together We Empower Students to Succeed"



HARRISBURG SCHOOL DISTRICT NO. 7

P.O. Box 208
865 LaSalle Street
Harrisburg, Oregon 97446-0208
Telephone (541) 995-6626
Fax: (541) 995-3453

Bryan Starr, Superintendent ** Justin Thomas, Board Chair

TALENTED AND GIFTED PROGRAM: CONSENT TO EVALUATE

Student name: _____

I understand the above described individual testing and/or other means of evaluation. I understand that granting of consent is voluntary and may be revoked at any time before testing has begun. I also understand that consideration of my child does not guarantee a final identification as intellectually gifted or academically talented.

_____ Consent is given to conduct an evaluation of my child.

_____ Consent is denied to conduct an evaluation of my child.

Parent/Guardian Signature

Date: