

# Bethel School District Student TAG Services Pre-Planning Data

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
  (Last)  (First)  (Middle)

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

To assist your child's school TAG Committee in selecting available options and designing a Student TAG Services Plan to best meet your child's interests, learning style and instructional needs, please complete this form and return it to the TAG Liaison or Principal.

Please rank the activities below in terms of your child's level of interest in participating (high interest/motivation = 3; moderate interest = 2; little or no interest = 1):

- \_\_\_\_\_ small advanced level group discussions (ex. literature circles, ideas, special topics)
- \_\_\_\_\_ group competitions (ex. writing, math, Future Problem Solving, Destination Imagination)
- \_\_\_\_\_ individual competitions/contests (ex. writing, debate, math, geography bee, science fair)
- \_\_\_\_\_ individual projects (ex. research a selected topic and propose a solution to a problem)
- \_\_\_\_\_ group projects

Subject Interests:

Please check the three subjects your child enjoys most: \_\_\_ reading \_\_\_ math \_\_\_ science \_\_\_ social studies \_\_\_ writing \_\_\_ art \_\_\_ music \_\_\_ spelling

Subjects your child does not enjoy or has difficulty with: \_\_\_ reading \_\_\_ math \_\_\_ science \_\_\_ social studies \_\_\_ writing \_\_\_ art \_\_\_ music \_\_\_ spelling

Special Interests (passions, hobbies)

Reading interests (include recent titles of books your child has read independently)

What career areas interest your child at this point?

What are your aspirations for your child?

Please describe any social/emotional concerns about your child that may need attention (ex. perfectionism, underachievement, difficulty finding friends with similar interests/ability).

What other information about your child will help us to plan learning experiences that will be appropriately challenging and motivating?

On a separate page, please ask your child to describe his/her "ideal" school in terms of daily schedule, subject emphasis, kinds of assignments, grading, teacher characteristics, etc. Please attach his/her response to this form before returning it to your school principal or TAG liaison.

Thank you for providing this important input. If you would like to provide more information to the TAG Committee or if you have questions please call your child's school to make an appointment. You will receive a copy of your child's TAG Services Plan.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date