

COOS BAY SCHOOL DISTRICT TALENTED AND GIFTED STUDENT PROGRESS REPORT

Student's Name _____ Date _____
 Teacher Reporting _____ Grade _____
 School Attending _____

Directions: Based on the student's Individual Talent Development Plan, please circle the number that best represents your evaluation of the student's performance.

1= to a great extent 2= somewhat 3= very little 4= not at all N/A = does not apply

1. This student is making progress on the goals of his/her TAG Plan.

1 2 3 4 N/A

Comments:

2. This student was involved in a variety of experiences that seem to increase his/her intellectual and/or academic abilities and interests.

1 2 3 4 N/A

Comments:

3. This student was provided opportunities to meet and work with other TAG students in a productive and stimulating environment.

1 2 3 4 N/A

Comments:

4. The students TAG Plan should be revised in the following manner in order to meet his/her educational needs: