AIG Referral Data Record

Student: _____ School: _____
Gender: _____Race: _____Grade: _____ Parent: _____
DOB: _____ Address: _____
SIMS #: _____ _____
SS#: _____ Telephone: Home: _____
Work: _____

Purpose: _____Initial Referral _____ Change _____Other: _____
Date: _____ Person Initiating Referral/Change: _____

To be completed by AIG specialist:
This process reflects the use of multiple indicators of giftedness to be considered in the eligibility for services decision. Check relevant areas and attach appropriate documentation if needed.

Qualitative Assessment **Quantitative Assessment**

Student Observation:	**Student Achievement:**			
_____Checklists _____Anecdotal Records _____Recommendation_____ _____ Other:_____	**Test**	**Date**	**Standard Score**	**% ile**

Student Performance:				**Student Ability:**			
	Average	**High**	**Superior**	**Test**	**Date**	**Composite**	**% ile**
Work Samples				TCS			
Portfolio							
Authentic Assessment							
Curriculum Assessments							
Reading Grades	C	B	A				
Math Grades	C	B	A				
Other: _____							

Student Interest/ Motivation:	**Comments:**
_____Inventory _____Contests/Awards/Competitions _____Extra-curricular Activities _____Motivation _____Other	