



TAG INSTRUCTIONAL PLAN REQUEST

Grades 6-12

School: _____ Grade: _____ Date: _____

Student Name: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Contact Person Day Phone: _____

e-mail: _____

For which area(s) are you requesting a written Instructional Plan for your child?

Subject: _____ Teacher: _____

Subject: _____ Teacher: _____

Subject: _____ Teacher: _____

Subject: _____ Teacher: _____

Please state any specific comments, which would be helpful in fulfilling this request:

We understand that the building TAG coordinator (or designee) will be contacting us with further information. Further action may include any or all of the following: informal meeting with teacher, course schedule change, collaborative meeting between any or all of the following people: student, parent, TAG coordinator, teacher(s), principal, district TAG consultant.

(Parent/Guardian Signature)

----- **Office Use Only** -----
Action Taken: _____

(Coordinator Signature and Date)

I accept the action taken on this request. _____
(Parent/Guardian Signature) (Date)