



AIG SCREENING REQUEST FORM

COMPLETION OF THIS FORM DOES NOT GUARANTEE AIG TESTING AND/OR PLACEMENT

Screening referrals may be submitted by school personnel, parents/guardians, students (self-nominations), and/or community members with academic knowledge of students.

STUDENT: _____
LAST NAME, FIRST NAME

SCHOOL: _____
FULL NAME

ID #: _____

GRADE: _____

Current Grades: R ____ M ____

Assessment Data to include: *EOG, BOG, SuccessMaker, MClass, Iowa, TerraNova, CogAT, etc. (if available)*

Reading	Test Name:	Score:	Date of Test:
Math	Test Name:	Score:	Date of Test:
Aptitude	Test Name:	Score:	Date of Test:

Please attach any testing documentation

Please explain why you feel this student needs screening for the AIG Program. Attach any documentation that may support the screening process.

Form completed by: _____ ROLE: _____

If additional information is needed, I can be reached at: _____
PHONE NUMBER

SIGNATURE

DATE SUBMITTED