School District Name:

School District Address:

Educational Assessment: Part A

603 CMR 28.04(2)(a)(2)

 Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School Personnel & Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# SCHOOL HISTORY:

# 1. YEAR GRADE SCHOOL

2. Has the student received any instructional support services? [ ]  NO [ ]  YES If **YES**, please explain.

1. Have there been any school-related events/issues (such as attendance, recognitions, special education referrals, behavioral

 issues and medical problems) that have impacted upon the student’s learning? [ ]  NO [ ]  YES If **YES**, please explain.

# EDUCATIONAL PROGRESS AND POTENTIAL:

# Is the student making progress in the general curriculum? [ ]  YES [ ]  NO If NO, explain why not and reference the student’s educational history and state/district-wide assessment results when responding.

1. Has the student’s progress been:

a. similar to that of his/her peers? [ ]  YES [ ]  NO If **NO**, list the possible factors that have enhanced/ limited progress.

b. consistent over the student’s school history? [ ]  YES [ ]  NO If **NO**, list the possible factors that have enhanced or limited progress.

6. Provide any other comments related to the student’s educational and developmental potential.

 School District Name:

 School District Address:

## Educational Assessment: Part B

603 CMR 28.04(2)(a)(2)

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_

School Personnel & Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_

# CURRENT TEACHER ASSESSMENT:

1. Describe the student’s specific abilities in relation to the learning standards of the Massachusetts Curriculum Frameworks and the district curriculum. Attach additional information (e.g. work samples and/or observational data) to support your response.

2. Does the student appear to have attention difficulties? [ ]  NO [ ]  YES If **YES**, please explain.

3. Does the student seem to participate appropriately in classroom activities? [ ]  YES [ ]  NO If **NO**, please

 explain.

4. Do the student’s communication skills seem age-appropriate? [ ]  YES [ ]  NO If **NO**, please explain.

5. Does the student’s memory appear to adversely affect learning? [ ]  NO [ ]  YES If **YES**, please explain.

6. Are the student’s interpersonal skills with groups, peers and adults age-appropriate? [ ]  YES [ ]  NO If **NO**,

 please explain.

7. Comment on any additional factors that influence the student’s performance.