

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.
3. 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:

4. Is the student making progress in the general curriculum? YES NO If NO, explain why not
5. 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.

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 Massachusetts Guidelines for Preschool Learning Experiences. 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 effect 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.