

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.

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 and reference the student's educational history and state/district-wide assessment results when responding.

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.