

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.