

Please fill out and return to School Psychologist.

School District Name: Nauset Regional School District
School District Address: Nauset Regional Middle School, 70 Route 28, Orleans, MA 02653

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.