School District Name: Nashoba Regional School District
School District Address: 50 Mechanic Street, Bolton MA 01740

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.