

INDEPENDENT SCHOOL DISTRICT 196
Rosemount, Minnesota
Educating our students to reach their full potential

Series Number 602.5.2P Adopted October 2006 Revised _____

Title **Report of Educational Assessment for Consideration of Retention**

Student's name _____ Birthdate _____ C.A. _____
(please print) first last yr/mth

Grade _____ School _____

Names of parent(s)/guardian(s) _____

Address _____ Phone (____) _____

DIRECTIONS: Summarize the findings of the evaluation. List areas of assessment and test instruments or sources of data used in each area of assessment, e.g. "Woodcock," "Interview," "Psychological," "Observation" and/or "Light's Retention Scale."

Name of test:
Results:

Assessment completed by: _____ Date: _____

Name of test:
Results:

Assessment completed by: _____ Date: _____

Name of test:

Results:

Assessment completed by: _____ Date: _____

Observation report by classroom teacher:

Teacher: _____ Date: _____

Observation report by classroom teacher:

Teacher: _____ Date: _____

Psychological assessment summary:

Assessment completed by: _____ Date: _____
