

Date of Assessment: _____

Baltimore City Public School System Educational Assessment Report

Student	Student Number	Social Security Number	Date of Birth
School Number	School name		Grade
Parent/Guardian/Parent Surrogate		Telephone Number	
Address (Street, Apartment Number)		City, State, Zip Code	

Primary/Native Language: _____

Assessment Techniques (Check as appropriate)

Record Review Testing: Formal Informal Observation Interview

Type of Assessment

Initial Reevaluation

Background information

Description of Classroom and/or Test Behavior

Assessment Data Summary

Tests Administered	Date(s)	Age/Grade Equivalents	Standard Scores