

Date of Assessment: \_\_\_\_\_

**Baltimore City Public School System**  
Educational Assessment Report

**Areas that may require special education/support services**

- |   |   |
|---|---|
| <input type="checkbox"/> Mathematics        | <input type="checkbox"/> Written Language |
| <input type="checkbox"/> Physical Education | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Reading            | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Self-Help Skills   | <input type="checkbox"/> Other _____      |

**Rationale**

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**Recommendation for instructional and testing modifications**

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**Test Validity (address each area)**

Based on this report, the examiner believes:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> The assessment procedures are valid for the purpose intended.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> The results are a valid report of the student's current achievement.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> The assessment procedures measure what the test purports to measure rather than the student's impaired sensory, manual, or speaking skills or cultural/linguistic characteristics. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Comments/Explanations**

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Signature

Title of Examiner

Date Report Completed