School District Name: Martha's Vineyard Regional School District School District Address: Box 1385 Oak Bluffs, MA 02557 School District Contact: Nancy W. Dugan, Special Education Director, (508) 693-1033 ext. 136 Student: Educational Assessment: Part B 603 CMR 28.04(2)(a)(2) 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 \( \subseteq \text{Yes} \subseteq \subseteq \text{If YES, please explain.} \) 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.