



Educational Assessment (For Purposes of Annual Review)

Student		OEN
Date of Birth	Parent / Guardian Name	
Address		
Telephone Number	School	
Grade	Date	

SUMMARY OF CURRENT ACHIEVEMENT INCLUDING STRENGTHS:

PROGRESS ON CURRENT INDIVIDUAL EDUCATIONAL PLAN:

Learning Expectations as Per IEP	Results of Assessment

CURRENT CONCERNS

RECOMMENDATIONS

Teacher's Signature _____

Resource Teacher's Signature _____

FREEDOM OF INFORMATION ACT

Personal information on this form is collected under the Education Act and will be transferred to the student record folder (OSR).

Questions about this collection should be directed to the school principal or Superintendent of Education