

**PER SESSION  
ASSESSMENT CHECKLIST**

Student Name: \_\_\_\_\_ OSIS #: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ To: \_\_\_\_\_

**TEACHER ASSESSMENT ADMINISTERED:  
(e.g., Achieve 3000, Scantron, Other)**

**Name of Assessment:**

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**Name of Assessment:**

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**Per Session Teacher's Name:** \_\_\_\_\_

**Please Include this document in Student's Portfolio**