



**Department of  
Education**

**ASSESSMENT CHECKLIST**

List of Assessments for:

Student Name:		OSIS:	
Borough:		Admit Date:	
School of Affiliation:		Discharge Date:	
Grade:			

**Prior Year Assessment Info**

**SCANTRON DATA**

Subject	
ELA	
Math	
Regents _____	
Regents _____	
Regents _____	

**Internet programs used/ Other Assessments**

Assessment Type	Assessment Date	Score	Comments

**INCLUDE A COPY OF THIS DOCUMENT IN THE STUDENT PORTFOLIO FOR  
EACH SEMESTER**