

Child's Name		Student ID#	
IEP Begin Date		IEP End Date	

PRESCHOOL ASSESSMENT: ASQ:SE

ASSESSMENT RECORD-YEAR SUMMARY

October K Reporting
Beginning of year – Dec. 1

Test Date: _____
 YEAR/MONTH (YYYYMM)

DURATION OF IEP # OF MONTHS _____

SCORE (GS240) _____

- *** Not applicable- student did not take test PNO Parents request results not be reported to state

TEST LEVEL (GS200)

- 30 - 30 months form (27-32 months)
 03 - 3 year form (33-41 months)
 04 - 4 year form (42-53 months)
 05 - 5 year form (54-65 months)

TYPE OF ASSESSMENT (GS215)

- STR Standard

SCORE NOT REPORTED (GS235)

- * Not Applicable
 A Medical Reasons
 B Parent Refusal
 D Suspension/Expulsion
 F Other (reason not listed)
 J Student moved in or out of district before test administered
 O Student older than Maximum Age for ASQ/SE Assessment

Yearend N Reporting Period
Dec. 2 – May 15

Test Date: _____
 YEAR/MONTH (YYYYMM)

SCORE (GS240) _____

- *** Not applicable- student did not take test PNO Parents request results not be reported to state

TEST LEVEL (GS200)

- 30 - 30 months form (27-32 months)
 03 - 3 year form (33-41 months)
 04 - 4 year form (42-53 months)
 05 - 5 year form (54-65 months)

TYPE OF ASSESSMENT (GS215)

- STR Standard

SCORE NOT REPORTED (GS235)

- * Not Applicable
 A Medical Reasons
 B Parent Refusal
 D Suspension/Expulsion
 F Other (reason not listed)
 J Student moved in or out of district before test administered
 O Student older than Maximum Age for ASQ/SE Assessment

Teacher Signature _____

Date _____

To be completed in fall (left column) and then again in the spring (right column) for each student enrolled in the classroom.

When completed; distribute copy to District EMIS Personnel and CIMS Specialist. Original in Student Permanent File at year's end.