**Annual Assessment Template**

**School Year 20\_\_\_- 20\_\_\_**

***Please fill in the shaded cells and complete both pages of this form:***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent Name: | | |  | | | | | | |
| Address: | | |  | | | | | | |
| City: | | |  | | | Zip Code: | |  | |
|  | | | | | | | | | |
| Child’s Name: | | |  | | | | | | |
| Child’s Date of Birth: | | |  | | | | | | |
| Child’s Grade Level: | | |  | | | | | | |
|  | | | | | | | | | |
| My child |  | | | has satisfactorily completed at least | | | \_\_\_\_% | | of the required material |
| for this year. My child has made adequate academic progress in all subjects and has surpassed 900 or | | | | | | | | | |
| 990 hours of instruction.    **Annual Assessment Criteria per grade level:**   * **Grades K - 3rd:** narrative assessment every year or take a national assessment * **Grades 4th - 8th:** narrative assessment every other year, but must take a national or state assessment the other years * **Grades 9th - 12th:** may NOT use a narrative assessment and MUST take a national or state assessment every year   ***I will be using the following as my annual assessment for the 20\_\_\_\_ - 20\_\_\_\_ School Year:***  Narrative Assessment  Approved Annual Assessment  Please fill out appropriate section on Page 2  **Narrative Assessment:**  Highlights of the year include: | | | | | | | | | |
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| **Approved Annual Assessment:**  (Please check which assessment you used)   * **New York State Regents** (Grades 9-12- the Home School Department will request scores directly from RCSD) * **New York State Assessment** (Grades 3-8-the Home School Department will request scores directly from RCSD) * **Commercially published norm-referenced achievement tests per NYSED** (Parent must provide a copy of the score report with this form) * Iowa Test of Basic Skills * California Achievement Test * Comprehensive Test of Basic Skills * Metropolitan Achievement Test | | | | | | | | | |
|  | |  | | |  | | | | |
| My child will begin | |  | | | grade in September 20\_\_\_\_\_\_\_. | | | | |
| Parent Signature | |  | | | | | | | |
| Email | |  | | | | | | | |
| Phone number | |  | | | | | | | |
| Today’s Date | |  | | | | | | | |