

Student Name: _____

Date of Birth: _____

Grade: _____

Education Area	Evidence Cirriculum/ Material/ Samples etc...	Clear and Through Instruction Provided? Circle one.
Language Arts		Yes No
Math		Yes No
Science		Yes No
Social Studies/ History		Yes No

Student Name: _____

Education Area	Evidence Curriculum/ Material/ Samples etc..	Clear and Through Instruction Provided?
Art/Music		Yes No
Physical Education/Health		Yes No

Additional Notes:

Overall Instruction Review (COMAR 13A.10.01) Check one below.
Clear and through evidence of instruction
Does not comply

By Signing below this statement I confirm that all information on this form is true and accurate.

Parent Signature:

Parent name(print):