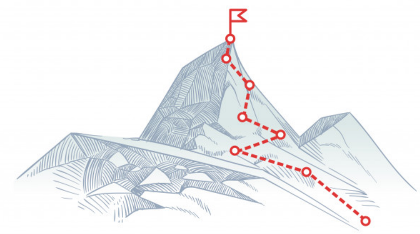
Assessment Data

INCLUSION HUB
EVERYONE A LEARNER

Student Name: ____________________________________

Class: ____



Name of Test/Assessment	1		2		3		4	
	Date	Score	Date	Score	Date	Score	Date	Score