

Student Name: Year: Teacher:

Key: M - Mastered P - Proficient E - Emerging N - Needs Improvement

1st Quarter:

	1	2	3	4
Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birthday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colors (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Color Words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opposites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patterning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Days of the Week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Months of the Year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhyming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uppercase Recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lowercase Recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letter Sounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prints First Name Correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwriting (COGAD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Counts to Recognizes Numbers to Knows Sight Words

2nd Quarter:

	2	3	4
Prints Last Name Correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwriting (SLITF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Segmenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sound Manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compound Words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number Words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Counts to Recognizes Numbers to Knows Sight Words

3rd Quarter:

	3	4
Handwriting (EHUBRN)	<input type="checkbox"/>	<input type="checkbox"/>
Blending Fluency (words/min.)	<input type="checkbox"/>	<input type="checkbox"/>
Time on the hour and 1/2 hour	<input type="checkbox"/>	<input type="checkbox"/>
Coin Recognition	<input type="checkbox"/>	<input type="checkbox"/>

Counts to Recognizes Numbers to Knows Sight Words

4th Quarter:

	4
Prints Middle Name Correctly	<input type="checkbox"/>
Handwriting (MPVWKQJXYZ)	<input type="checkbox"/>
Addition to 12	<input type="checkbox"/>
Subtraction from 12	<input type="checkbox"/>

Writes Numbers to

Counts to Recognizes Numbers to Knows Sight Words

Student Name: Year: Teacher:

Social Skills:	1	2	3	4
(X - has met that expectation)				
Takes care of possessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works & plays with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talks at appropriate times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does not interrupt others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent thinker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1st Quarter Comments:

2nd Quarter Comments:

3rd Quarter Comments:

4th Quarter Comments:

Attendance:	1	2	3	4
Days Absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Times Tardy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will continue in Kindergarten	<input type="checkbox"/>			
Promoted to Grade	<input type="text"/>			
Teacher	_____			

