

Assessment

Name: _____

Date Began: _____



Colors	1st	2nd	3rd
Red			
Blue			
Yellow			
Green			
Orange			
Purple			
Pink			
Brown			
Black			
White			
Gray			

Shapes	1st	2nd	3rd
Circle			
Square			
Rectangle			
Triangle			
Oval			
Heart			
Star			
Diamond			

Physical	1st	2nd	3rd
Jump			
Hop			
Roll			
Tumble			
Walk Backwards			
Skip			
March			
Tip Toe			

Counts to	1st	2nd	3rd	# ID-1st	# ID-2nd	# ID-3rd
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Body Parts	1st	2nd	3rd
Head			
Arms			
Legs			
Hands			
Feet			
Fingers			
Toes			
Stomach			
Back			
Neck			
Eyes			
Ears			
Mouth			
Nose			
Chin			
Cheeks			



Assessment

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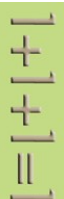
Date Began: _____



Letter Identification

ID	1st	2nd	3rd	sound
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
N				
O				
P				
Q				
R				
S				
T				
U				
V				
W				
X				
Y				
Z				

ID	1st	2nd	3rd
a			
b			
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			
p			
q			
r			
s			
t			
u			
v			
w			
x			
y			
z			



Assessment

Name: _____

Date Began: _____



Planning

Name: _____ Age _____

Date: _____



Categories:

- Physical
- Artistic-free and planned
- Alphabet
- Numbers
- Colors
- Music
- Puzzles
- Blocks
- Manipulatives (various)
- Writing/Drawing
- Social
- Bible
- Fine Motor
- Life Skills
- Shapes
- Name ID/Spelling
-

Weekly Goals:

Theme: _____

Letters to work on: _____

Colors to work on: _____

Shapes to work on: _____

Other: _____

Other: _____

Notes:

Day 1	Day 2	Day 3