

Name _____

Skills Record Sheet

Directions: Utilize one record sheet for each student per nine weeks. Circle the item for which the child receives credit. Slash through the administered item for which the child does not receive credit.

_____ **Writes First and Last Name**

_____ **Names uppercase letters** *Resource

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		

_____ **Names lowercase letters** *Resource

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		

Identify letter sounds *Resource

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		

Reads sight words

a	go	is	my	run	do	can
yellow	down	come	yes	green	so	of
see	to	eat	fast	the	and	in
red	from	you	that	it	he	have
orange	was	for	on	are	as	with
his	like	this	at	be	or	blue
one	had	by	words	if	but	not
their	what	all	were	we	which	when
your	said	she	there	use	how	an
each	do	black	pink	purple	brown	will
up	out	other	about	many	then	them
these	some	gray	make	her	him	would
write	they	into	time	has	look	more

Identify numbers *Resource

0	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20

Recognize shapes (2-D and 3-D)

