

Jefferson Parish Public Schools

Report Card

Name: _____

ID: _____

Teacher: _____

Grade: Kindergarten

20____ - 20____ School Year

School: _____

	1	2	3	4
Absent				
Tardy				

ACADEMIC KEY

- M** Mastery (Student consistently demonstrates mastery of skills and concepts.)
P Progressing (Student is making progress toward mastery of skills and concepts.)
N Needs Improvement (Student has not mastered skills and concepts. Improvement is needed.) Blanks indicate not assessed at this time

ENGLISH LANGUAGE ARTS

Literature and Informational Texts	1	2	3	4
Demonstrates understanding of spoken words, syllables and sounds.				
Identifies story elements (character, setting, and major events).				
Asks and answers questions about key details in a text.				
Retells familiar stories in order of events, including key details.				

Foundational Skills	1	2	3	4
Understands concepts of print.				
Names lower case letters.				
Names upper case letters.				
Produces letter sounds.				
Recognizes and generates rhyming words.				
Blends and segments syllables and sounds.				
Isolates beginning, middle, and ending sounds in words.				
Reads kindergarten high frequency words.				

Writing	1	2	3	4
Uses a combination of drawing and writing to express ideas.				

Speaking and Listening	1	2	3	4
Follows rules for discussions.				
Asks and answers questions to seek help, get information, or deepen understanding.				
Speaks audibly and expresses thoughts, feelings, and ideas clearly.				

Language	1	2	3	4
Prints upper and lower case letters legibly.				
Uses grade-level punctuation and capitalization in daily writing.				
Spells simple words phonetically.				
Spells kindergarten high frequency words				

MATHEMATICS

Counting and Cardinality	1	2	3	4
Counts in sequence.				
Knows the number names and represents a number of objects.				
Compares numbers.				

Number and Operations	1	2	3	4
Demonstrates an understanding of addition.				
Demonstrates an understanding of subtraction.				
Fluently adds and subtracts within 5.				
Demonstrates an understanding of place value.				
Shows 10 in a variety of ways.				

Measurement and Data	1	2	3	4
Describes and compares measurable attributes.				
Classifies, sorts, and interprets data.				

Geometry	1	2	3	4
Identifies and describes shapes regardless of orientation.				

Social Studies	1	2	3	4
Demonstrates application of skills and concepts.				

Science	1	2	3	4
Demonstrates application of skills and concepts.				



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Wellness	1	2	3	4
Physical Education/Health				

Social Skills/Study Habits	1	2	3	4
Interacts respectfully with others.				
Takes responsibility for actions.				
Shows self-control.				
Uses problem solving in social situations.				
Follows established routines.				
Listens, follows directions, and cooperates with others.				
Organizes and takes responsibility for belongings.				
Uses classroom materials purposefully and respectfully.				
Is willing to try new experiences and strategies.				
Makes transitions easily.				
Starts activity and remains on task.				
Collaborates effectively with others.				
Works independently.				
Seeks help when appropriate.				
Completes homework.				

TEACHER COMMENTS

<p>1st Nine Weeks:</p> <p>Your child is reading: <input type="checkbox"/> on grade level <input type="checkbox"/> below grade level <input type="checkbox"/> above grade level</p>
<p>2nd Nine Weeks:</p> <p>Your child is reading: <input type="checkbox"/> on grade level <input type="checkbox"/> below grade level <input type="checkbox"/> above grade level</p>
<p>3rd Nine Weeks:</p> <p>Your child is reading: <input type="checkbox"/> on grade level <input type="checkbox"/> below grade level <input type="checkbox"/> above grade level</p>
<p>4th Nine Weeks:</p> <p>Your child is reading: <input type="checkbox"/> on grade level <input type="checkbox"/> below grade level <input type="checkbox"/> above grade level</p>

PARENT SIGNATURE

1st Nine Weeks _____

Check the box, if you would like to set up a conference with the teacher.

2nd Nine Weeks _____

Check the box, if you would like to set up a conference with the teacher.

3rd Nine Weeks _____

Check the box, if you would like to set up a conference with the teacher.

4th Nine Weeks Only

Your child is assigned to _____ Grade for the
 _____ School Session.

 Teacher's Signature & Date

