

**Jefferson Parish Schools**  
**Kindergarten Interim Report**



20\_\_\_\_-20\_\_\_\_

Name: \_\_\_\_\_  
 ID: \_\_\_\_\_  
 Teacher: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Nine Weeks Period: \_\_\_\_\_

	1	2	3	4
<b>Absent</b>				
<b>Tardy</b>				

**Academic Key**

- M**    **Mastery (Student consistently demonstrates mastery of skills and concepts.)**
  - P**    **Progressing (Student is making progress towards mastery of skills and concepts.)**
  - N**    **Needs Improvement (Student has not mastered skills and concepts. Improvement is needed.)**
- Blanks indicate concepts/skills not assessed in current nine weeks.**

**ENGLISH LANGUAGE ARTS**

	1	2	3	4
Literature and Informational Texts				
Foundational Skills				
Writing				
Speaking and Listening				
Language				

	1	2	3	4
<b>Social Studies</b>				

	1	2	3	4
<b>Science</b>				

	1	2	3	4
<b>Physical Education/Health</b>				

**MATHEMATICS**

	1	2	3	4
Counting and Cardinality				
Number and Operations				
Measurement and Data				
Geometry				

	1	2	3	4
<b>Social Skills/Study Habits</b>				

**Comments:** \_\_\_\_\_

--- Cut here and return the signed bottom portion to your child's teacher on the next school day ---

**Student's Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_