Teacher's Name: _____ Student's Name: _____

BARTLETT CITY SCHOOLS

First Nine Weeks Interim Report

+ Indicates mastery of skill
- Indicates non-mastery of skill
n/a Skill has not been evaluated

_____ States whole name: __first __middle __last
_____ States age
_____ Identifies body parts: (Identified circled body parts) thumb toes neck back knees stomach
_____ Names colors: (Named circled colors) red blue yellow green orange purple brown black white pink gray
_____ Counts up to 5
_____ Recognizes name in print
_____ Listens attentively to a story
_____ Begins to recognize letters in environment
_____ Identifies the five senses: (Identified circled senses) hear taste smell see touch
_____ Recognizes letters: (Recognized circled letters) N, n, W, w, P, p, H, h,M, m, A, a
_____ Names letters: (Named circled letters) N, n, W, w, P, p, H, h, M, m, A, a
_____ Engages in conversations with others
_____ Displays interest in books and print
_____ Uses language for a variety of purposes
_____ Identifies same and different
_____ Identifies concepts: (Identified circled concepts) big small short long tall wide narrow
_____ Holds writing materials appropriately
_____ Holds scissors appropriately
_____ Uses scribbles, shapes, pictures to represent ideas
_____ Traces first name

Skills and Behaviors That Support Learning

_____Adjusts to learning environment	_____Recognizes and expresses and belongings feelings appropriately
_____Follows directions	_____Works and plays cooperatively
_____Listens attentively	_____Respects others
_____Undertakes new tasks with confidence	_____Participates in group activities
_____Practices self-control	_____Takes care of personal needs
_____Takes responsibility for supplies	_____Works independently

Please sign and return:_____
Teacher requests conference: ____ yes ____ no