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

BARTLETT CITY SCHOOLS

Second Nine Weeks Interim Report

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

____ Names family members
____ Recognizes opposites
____ Recognizes letters: (Recognizes circled letters) B, b, K, k, D, d, F, f, O, o
____ Names letters: (Named circles letters) B, b, K, k, D, d, F, f, O, o
____ Begins to identify parts of a book
____ Distinguishes between letters and numerals
____ Understands: under over back front next to out in
____ Sorts objects according to a specific attribute
____ Sequences events in logical order
____ Begins to recognize daily routines
____ Identifies body parts: chest chin fingernails shoulders
____ Draws self portrait with at least 5 parts
____ Copies first name
____ Copies symbols: plus symbol circle
____ Throws ball in a given direction.

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