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

BARTLETT CITY SCHOOLS

Third Nine Weeks Interim Report

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

_____ States birthday
_____ Identifies body parts: heels ankles elbows jaws
_____ Gives 5 objects upon request
_____ Names numerals: (Names circled numbers) 1 2 3 4 5
_____ Copies and continues a pattern
_____ Writes first name
_____ Draws recognizable picture and dictates a sentence about it
_____ Throws and catches a ball
_____ Stands on one foot
_____ Hops
_____ Jumps
_____ Walks on tiptoes 4 steps
_____ Recognizes letters:(Recognizes circled letters) C, c, E, e, Y, y, G, g, T, t, S, s, R, r, Z, z
_____ Names letters: (Names circled letters) C, c, E, e, Y, y, G, g, T, t, S, s, R, r, Z, z

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