

First Nine Weeks Student Check List

Name: _____

Date: _____

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|--|--|
| States whole name: ___ First ___ Middle ___ Last | |
| States age | |
| Identifies body parts: ___ Thumb ___ Back ___ Toes ___ Knees ___ Neck ___ Stomach | |
| Names Colors: ___ red ___ blue ___ yellow ___ green ___ orange ___ purple ___ brown ___ black ___ white ___ pink ___ gray | |
| Counts to 5 | |
| Recognizes name in print. | |
| Listens attentively to a story | |
| Begins to recognize letters in the environment | |
| Identifies the five senses: hear__ taste__ smell__ see__ touch__ | |
| Recognizes letters: ___ N ___ n ___ W ___ w ___ P ___ p ___ H ___ h ___ M ___ m ___ A ___ a | |
| Names 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/different ___ same ___ different | |
| Identifies concepts: ___ big ___ small ___ short ___ tall ___ wide ___ long ___ narrow | |
| Holds writing materials appropriately | |
| Holds scissors appropriately | |
| Uses scribbles, shapes, pictures to represent ideas | |
| Traces first name | |