

Kindergarten Evaluation Report

Student's Name: _____ Age: _____

Month:

Year:

Term:

I can recognize these numbers. (circled)

4 5 8 3 7 9 0 6 10 1 2

I can name these letters. (circled)

B D F H J L N P R S U W X Z

A C E G I K M O Q T V Y

b d f h j l n p r s u w x z

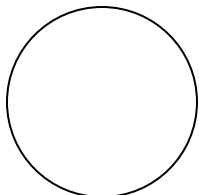
a c e g i k m o q t v y

I know these sounds that represent the letter sounds. (circled)

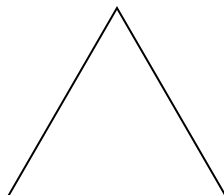
b d f h j l n p r s u w x z

a c e g i k m o q t v y

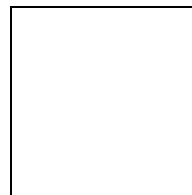
I know these shapes. (checked)



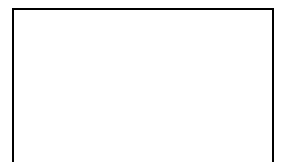
circle




triangle



square



rectangle

I participate in "free exploration" activities. (circled)	yes	no
I know these colors. (circled)		
		

	(circled)	
I need to practice cutting.	yes	no
I can follow a three step-direction.	yes	no
I can write my name.	yes	no
I know my birthday.	yes	no
I can tie my shoes.	yes	no
I follow directions.	yes	no
I can say the alphabet in order (A -Z).	yes	no

Teacher Area	
Number Recognition:	Recognizes _____ numbers out of 10.
Letter Identification:	Recognizes _____ upper case letters out of 26.
	Recognizes _____ lower case letters out of 26.
Letter Sounds:	Recognizes _____ letter sounds out of 26.
Shapes:	Recognizes _____ shapes out of 5 shapes.
Colors:	Recognizes _____ colors out of 8 colors.
Skills to focus on:	