

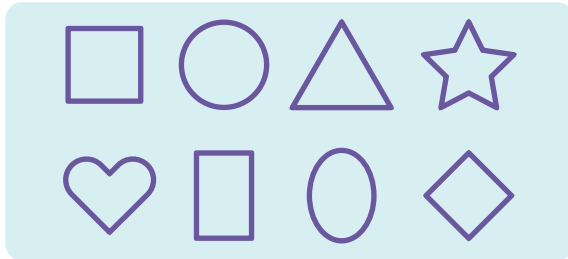
Progress Report



Name: _____ Age: _____

Teacher: _____ Date: _____

Shape Recognition



Color Recognition

Red	Orange	Yellow
Green	Blue	Purple
Pink	Brown	White
Grey	Black	

Letter & Number Recognition

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
a b c d e f g h i j k l m n o p q r s t u v w x y z
0 1 2 3 4 5 6 7 8 9

Letter Sound Recognition

a b c d e f g h i j k l m n
o p q r s t u v w x y z

Sorts Objects By:

☐ Shape ☐ Size ☐ Color

Counts Up To: _____

Skill Development

Evaluation Key: E - excellent G - good W - working on this

Holds pencil/crayons correctly		Respects teacher and rules	
Uses scissors correctly		Follows simple directions	
Can spell own name		Takes turns with others	
Can write own name		Shares with others	
Interacts with others		Cleans up after themselves	