***Utica City School District***

**Universal PreKindergarten Progress Report 2016-17**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** ELL First Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Here’s how I’m doing!** | |
| 4 | I always do it. |
| 3 | I usually do it. |
| 2 | I sometimes do it, but may need help or reminders. |
| 1 | I cannot do it yet. |

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| **TAKING CARE OF MYSELF** | **JAN** | **JUNE** |
| I feel confident away from home. |  |  |
| I use the bathroom by myself, including flushing and washing. |  |  |
| I express my needs and wants. |  |  |
| I act in a safe manner. |  |  |
| I willingly help at clean up time. |  |  |

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| **WORKING WITH OTHERS** | **JAN** | **JUNE** |
| I play cooperatively. |  |  |
| I listen to others. |  |  |
| I show respect for others. |  |  |
| I have appropriate control of my emotions. |  |  |
| I try to orally solve my own problems. |  |  |
| I face consequences appropriately. |  |  |

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| **WORK HABITS** | **JAN** | **JUNE** |
| I pay attention for an age appropriate amount of time. |  |  |
| I complete tasks in a timely fashion. |  |  |
| I listen appropriately to stories. |  |  |
| I follow routines and make transitions easily. |  |  |
| I listen to and follow directions. |  |  |
| I take pride in my work. |  |  |
| I work independently. |  |  |
| I contribute to class discussions. |  |  |
| I follow the classroom rules. |  |  |

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| **SPEAKING AND PERSONAL KNOWLEDGE SKILLS** | **JAN** | **JUNE** |
| All my speech is understandable. |  |  |
| I use complete sentences. |  |  |
| I have age-appropriate vocabulary. |  |  |
| I can state my first and last name. |  |  |
| I can state my age. |  |  |
| I can state my address. |  |  |
| I can state my birthday. |  |  |
| I can state my parents’/guardians’ names. |  |  |

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| **CONCEPTS OF PRINT** | **JAN** | **JUNE** |
| I can identify the front and back of a book. |  |  |
| I can turn the pages of a book correctly by myself. |  |  |
| I can locate the title of a book. |  |  |
| I can locate print on a page. |  |  |

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| **READING AND WRITING SKILLS** | **JAN** | **JUNE** |
| I can recognize my written name. |  |  |
| I show an interest in books and reading. |  |  |
| I can identify rhyming words. |  |  |
| I can recognize same letter words. |  |  |
| I can write my name. |  |  |

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| **MOTOR SKILLS** | **JAN** | **JUNE** |
| I can run smoothly. |  |  |
| I can gallop, hop, skip, and jump. |  |  |
| I can go up and down stairs. |  |  |
| I can throw a ball to another person. |  |  |
| I can catch a ball that someone throws to me. |  |  |
| I can accurately cut with scissors. |  |  |
| I can hold scissors correctly. |  |  |
| I can hold a pencil correctly. |  |  |

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| **MATHEMATICS** | **JAN** | **JUNE** |
| I can complete simple puzzles. |  |  |
| I can complete an ABAB pattern. |  |  |
| I can count to (indicate number up to 20+): |  |  |
| I can count 5 or more objects. |  |  |
| I can say if things are the same or different. |  |  |
| I can answer simple questions about a graph. |  |  |

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| **Number of Absences** | |
| Term 1 |  |
| Term 2 |  |

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| **MUSIC AND ART** | **JAN** | **JUNE** |
| I show an interest in art activities. |  |  |
| I use art materials appropriately. |  |  |
| I participate in music activities. |  |  |
| I can draw representational pictures. |  |  |

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|  | **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** | **TOTAL** |
| **JANUARY** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **JUNE** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Lower case letters-**  **JUNE** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**ALPHABET - √ indicates that your child named the letter.**

**NUMBERS - √ indicates that your child named the number.**

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|  | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **JANUARY** |  |  |  |  |  |  |  |  |  |  |  |
| **JUNE** |  |  |  |  |  |  |  |  |  |  |  |

**SHAPES - √ indicates that your child named the shape.**

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|  | Circle | Square | Triangle | Rectangle | Rhombus/Diamond | Heart | Star | Oval |
| **JANUARY** |  |  |  |  |  |  |  |  |
| **JUNE** |  |  |  |  |  |  |  |  |

**COLORS - √ indicates that your child recognized the color.**

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|  | Red | White | Yellow | Green | Blue | Gray | Orange | Brown | Pink | Black | Purple | Brown |
| **JANUARY** |  |  |  |  |  |  |  |  |  |  |  |  |
| **JUNE** |  |  |  |  |  |  |  |  |  |  |  |  |

**TEACHER COMMENTS**

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| **JANUARY** | **JUNE** |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**