



Valued Kids

Childcare Center

Progress Report

0-never 1-some 2-often 3-consistent

Student: _____

Birthdate: _____ Teacher: _____

360-736-4000 - www.valuedkids.org

+ good - needs work * see notes

Assessment Dates: _____

Social Skill Set	Q1	Q2	Q3	Q4	Academic Skill Assessment Details	Q1	Q2	Q3	Q4	Developmental	Q1	Q2	Q3	Q4
Interacts well with others.					Shapes 					Knows Full Name Responds to it. Says it.				
Participates in group activities.					Draw: 					Recognizes written name				
Participates in Circle Time					Lowercase Letter 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					Verbally Spells Name First Middle Last				
Keeps Hands/Feet to self.					Uppercase Letter 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					Writes Name First Middle Last				
Follows directions 1 step, 2 step, 3step, More					Lowercase sound correlation: 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					Restroom Usage: _____				
Respects rules of center without reminders					Uppercase sound correlation: 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					Dresses Self: Shirt, Pants Undies, Socks, Shoes				
Shows Self Confidence					Lowercase letter writing: 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					Clothing: Buttons, Zippers, Snaps, Velcro, Lace, Tie				
Expresses emotions verbally -no negative physical					Uppercase letter writing: 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					Speaks Clearly: Words, sentences, stories				
Makes/works with friends					Rote Counting - line through if number skipped 1 2 3 4 5 6 7 8 9 10 11 12 12 14 15 16 17 18 19 20	To	To	To	To	Identifies Objects: Basic, Complex, Most Items				
Willing to try new things, toys Foods, Art, Sensory etc...					Number identification: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20					Identifies and uses names for people- person or photo				
Has adequate attention span.					One to One correlation: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20					Walk, Run, Climb				
Is curious					Colors: red, orange, yellow, green, blue, purple black, brown, pink, white, teal, gold, silver _____					Hop, Jump, Dance, Skip				
Seeks help when needed.					Scissors: Straight, curves, circle, square Follow lines,					Roll, Bounce, Throw, Catch, Kick balls				
Finishes what he/she started.					Holds Crayon/Pencils Correctly					Washes hands/face RESPONSIBLY				
Cleans up after self.					Identifies Same/Different					Puts own belongings into Own cubby.				
Works well independently.					Creates Patterns and Continues Pattern started.					Recites songs and Fingerplays w /wo help.				
Is proud of accomplishments.					Uses letters/numbers/shapes in free drawing.					Hand preference chosen? Left Right				



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Progress Report
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strengths, suggestions, referrals

Student: _____
Birthdate: _____ Teacher: _____
Assessment Dates: _____

	Strengths	Areas of Concern/Goals	Referral Suggestion Physician/Student Support 807-7245
Social, Behavioral and Academic Skills	Q1		
	Q2		
	Q3		
	Q4		
Speech/Language Health/Vision/Hearing	Q1		
	Q2		
	Q3		
	Q4		
Fine/Gross Motor	Q1		
	Q2		
	Q3		
	Q4		
Other Notes:			

