

Child: _____ Phone: _____ Birthdate: _____
 Teacher: _____ Site: _____

Please check the most appropriate box for each area.

Teaching Strategies Gold Objectives and Dimensions	Not Yet	Sometimes	Regularly
Social-Emotional			
1. Regulates own emotions and behaviors: follows limits and expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Establishes and sustains positive relationships: interacts with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Physical			
1. Demonstrates traveling skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates balancing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Demonstrates gross-motor manipulative skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Demonstrates fine-motor strength and coordination			
a. Uses fingers and hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Uses writing and drawing tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Language			
1. Uses language to express thoughts and needs			
a. Uses an expanding expressive vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Speaks clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Uses appropriate conversational and other communication skills: engages in conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Cognitive			
1. Demonstrates positive approaches to learning			
a. Solves problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Shows curiosity and motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Shows flexibility and inventiveness in thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Remembers and connects experiences: recognizes and recalls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Uses classification skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Literacy			
1. Demonstrates phonological awareness: notices and discriminates rhyme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Demonstrates knowledge of the alphabet: uses letter-sound knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Comprehends and responds to books and other texts: uses emergent reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Demonstrates emergent writing skills: writes name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Mathematics			
1. Uses number concepts and operations			
a. Counts: 10-20 objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Quantifies: makes sets of 6-10 objects and tells which has more/less/same	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Connects numerals with their quantities: up to 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

I, _____, give my permission for this form to be shared with Spokane Public Schools and my child's Kindergarten teacher.
 (parent/guardian name)

Elementary School _____ Early conference recommended
 Interpreter needed; home language: _____

Parent signature: _____ Date: _____ Staff: _____