SVHS Teacher CHECKLIST By Child (LITERACY)

CENTER: _____

YEAR: 20_ _ - 20_ _

Please include a copy of this form with each monthly report.

Revised 8/5/2010 Teacher Checklist Form #EECD 3

Emergent Reading Checks	**1st**																				
(# benchmarks achieved)	**2nd**																				
	3rd																				
Alphabet Knowledge Checks	**1st**																				
(# correct)	**2nd**																				
	3rd																				
GET READY TO READ! (all children)																					
BEGINNING OF YEAR																					
	Assmnt Date																				
	# Correct																				
	BA, A, AA																				
	Step																				
MIDDLE OF YEAR																					
	Assmnt Date																				
	# Correct																				
	BA, A, AA																				
	Step																				
END OF YEAR																					
	Assmnt Date																				
	# Correct																				
	BA, A, AA																				
	Step																				