SVHS Teacher CHECKLIST By Child
(PORTFOLIO)

CENTER: _____
YEAR: 20_ _ - 20_ _

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

Revised 12-29-03 Teacher Checklist Form #E/ECD 20-3

PORTFOLIO CONTENTS																						
Self Portrait	**Aug**																					
	Jan																					
	May																					
Name Sample	**Aug**																					
	Jan																					
	May																					
Writing Sample	**Aug**																					
	Jan																					
	May																					
Letter Knowledge	**Aug**																					
	Jan																					
	May																					
Art Sample	**Aug**																					
	Jan																					
	May																					
Dictation Sample	**Aug**																					
	Jan																					
	May																					
***Phonological Assessment**	**Aug**																					
	Jan																					
	May																					
Photos / Child Family	**Aug**																					
Photos are recommended	**Jan**																					
	May																					

*4-yr-old status is determined at beginning of school year. All children who have turned four by Sept. 30 need the phonological assessment.