

Preschool Skills Sheet

Child's Name _____ Date: _____

Teacher _____ Site/Class _____

The following information was gathered naturally in the classroom to determine what children need further practice or guidance on. The dates are written next to the skill to indicate when the teacher recognized your child completing this skill. Not all areas will be addressed for each Progress Report Season (This does not mean they are unable to complete the skill, it just was not assessed).

Self Help Skills

Skill	Fall	Winter	Spring
Using silverware			
Serving Food			
Washing Hands			
Zip/button/snap coat			
Brushing teeth			
Toileting			
Making choices during Free Play			

Colors

Red _____

Orange _____

White _____

Blue _____

Purple _____

Pink _____

Yellow _____

Black _____

Gray _____

Green _____

Brown _____

Counting

1-5 _____ 1-10 _____ 1-20 _____

Number Recognition

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____

Recognize Shapes

Circle _____

Triangle _____

Oval _____

Square _____

Rectangle _____

Rhyming

Identified rhyming words _____

Provided a rhyming word(s) _____

Letter Recognition

A _____ a _____

H _____ h _____

O _____ o _____

V _____ v _____

B _____ b _____

I _____ i _____

P _____ p _____

W _____ w _____

C _____ c _____

J _____ j _____

Q _____ q _____

X _____ x _____

D _____ d _____

K _____ k _____

R _____ r _____

Y _____ y _____

E _____ e _____

L _____ l _____

S _____ s _____

Z _____ z _____

F _____ f _____

M _____ m _____

T _____ t _____

G _____ g _____

N _____ n _____

U _____ u _____

Sound Knowledge

Aa _____

Hh _____

Oo _____

Vv _____

Bb _____

Ii _____

Pp _____

Ww _____

Cc _____

Jj _____

Qq _____

Xx _____

Dd _____

Kk _____

Rr _____

Yy _____

Ee _____

Ll _____

Ss _____

Zz _____

Ff _____

Mm _____

Tt _____

Gg _____

Nn _____

Uu _____