

Elkhart and St. Joseph Counties Head Start Consortium Letter/Number/Shape/Color Checklist 2021-2022

Child's Name:									Site/Session:					
Staff Na	ame:								Date:					
		Child'	s 1 st As	ssessme	nt		_ Chil	d's 2 nd	Assessi	ment		Child's 3 rd Assessment		
	complete ng items							r each i	tem an	d mark t	he score dire	ectly on this form. (Please us		
1	<u>Counting</u> : Circle each number correctly recited in order. Put a slash through each number skipped or said out of order. SAY: Count as high as you can.													
	1		2	3	4	5	6	7	8		10	Number Correct:/10		
2	<u>Counting</u> : Circle each number correctly recited in order. Put a slash through each number skipped or said out of order. SAY: Count as high as you can.													
	_					15					20	Number Correct:/10		
3	Number Identification: Circle each number correctly identified. SAY: What is the													
	number 3		2	5	4	1	9	8	10	7	6	Number Correct:/10		
4		Number Identification: Circle each number correctly identified. SAY: What is the												
	number 2		3	15	14	12	19	18	11	17	16	Number Correct:/10		
5	One to One Correspondence: SAY: Count out correct number of blocks.											Number Correct:/10		
	4	2	7	3	9	10	4	6	1	5	8	Tumber correct		
6	Color I		Number Correct:/10											
		yello												
7	Shape Identification: Circle each shape correctly identified. SAY: What is this shape?											Number Correct:/6		
8	Letter lis this le		SAY: What											
	Α	Ι	S	М	Т	F	В	X	С	K	D	Number Correct:/26		
	L	Z	Y	0	J	Е	Ν	Н	R	W	Q			
	U	Р	G	V										
9	Letter lis this le		<u>cation</u>	- Lowe	r Case:	Circle ea	ach lette	r identi	fied co	rrectly. S	SAY: What			
	a	i	S	m	t			X	С	k	d	Number Correct:/26		
		Z	У		j	е	n	h	r	W	q			
	u	р	a	V										

White: Head Start Office Yellow: Child's file Pink: Parent Revised 5/26/21