

## Beginning-of-Year Observation Tool for TK/K

**Student Name:** \_\_\_\_\_ **Reporting Period :** ☐ Fall ☐ Winter ☐ Spring **Date:** \_\_\_\_\_

**SSID:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Language Learner:** ☐ Yes ☐ No **IEP:** ☐ Yes ☐ No **504:** ☐ Yes ☐ No

**ELPAC Score:** \_\_\_\_\_ **Languages Spoken:** \_\_\_\_\_

**Attended TK or Preschool:** ☐ Yes ☐ No **Attends After/Before School ELOP:** ☐ Yes ☐ No

Social Emotional			
	Never	Sometimes	Consistently
Shares use of space and materials:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions and routines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to identify basic emotions (ex: happy, mad, sad, tired):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses strategies to regulate emotions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses needs and wants:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates during circle time:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to transition smoothly from parents at drop-off:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persists when faced with a challenge:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physical Wellbeing and Development		
Sense of balance (when sitting and standing):		
Toileting	Needs Help	Independent
Parents confirmed child has passed dental, hearing, vision screening:	Yes	No
Pencil grip	Tripod	Fist

Language and Literacy				
Recognizes letters in their name:	Some letters		All letters	
Can write own name independently:	Writes a few letters	Writes all name using upper and lower case		Writes name using all upper case
Recognizes lower case letters:	Names 5 or less letters	Names 6-10	Names 11-16	Names 17+
Recognizes upper case letters:	Names 5 or less letters	Names 6-10	Names 11-16	Names 17+
Knows lowercase sounds:	Names 5 or less letters	Names 6-10	Names 11-16	Names 17+
Knows uppercase letter sounds:	Names 5 or less letters	Names 6-10	Names 11-16	Names 17+
Differentiates between a word and a letter:	Yes		No	
Able to retell a story:	Provides one word answers	Retells using complete sentences		Needs guidance/prompts

Math and Cognition										
Rate Counting to 20:	Counts to 5-9			Counts to 10-14		Counts to 15-19			Counts to 20 or more	
Number Naming (circle):	1	2	3	4	5	6	7	8	9	10
Uses 1:1 correspondence when counting a collection of 10:	Yes					No				
Shape Recognition:	Names Circle		Names Square		Names Triangle			Names Rectangle		
Creates or extends patterns:	Yes					No				
Sorts objects into groups:	Yes					No				

Notes: (Ex. family needs, child needs, child strengths, child finds joy in learning about \_\_\_\_\_): \_\_\_\_\_

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