

PLANNED SKILLS ASSESSMENT

Theme: _____ Month: _____

Write activity names down side and children's initials across top. As you assess each activity write under each child's column:
 C – completed activity M – mostly completed S – completed some H – completed with help X – did not complete or not at school

Name of Activity to Assess (or specific skill)															
C1 Number Concepts															
C2 Shapes / Spatial Skills															
C3 Patterns / Sequences															
C4 Classification															
C5 Problem Solving															
L1 Listening Comprehension															
L2 Auditory Discrimination															
L3 Speech Production															
L4 Reading															
L5 Writing															
M1 Body Awareness															
M2 Coordination															
M3 Balance															
M4 Manual Dexterity															
M5 Eye-Hand Coordination															
P1 Confidence															
P2 Responsibility															
P3 Independence															
P4 Creativity															
P5 Health and Safety															
S1 Communication															
S2 Cooperation															
S3 Respectfulness															
S4 Empathy															
S5 Community															