



Family Assessment of Child Skills (FACS)

Date(s) completed: September 30, 2021

Child's name: Marcus Greene

Child's date of birth: May 24, 2017

Family's name and address: Veronica Greene
3873 Red Run Road, Baltimore, MD 21211

Person completing form: Veronica Greene









Relationship to child: Mother

Phone/text number: 443-123-6789

E-mail address: greene.veronica@gmail.com

Preferred method(s) of contact: Email

Language(s) spoken at home: English

	FINE MOTOR	1
	GROSS MOTOR	3
	ADAPTIVE	6
	SOCIAL-EMOTIONAL	8
	SOCIAL-COMMUNICATION	10
	COGNITIVE	12
	LITERACY	14
	MATH	16

The Family Assessment of Child Skills allows parents and other caregivers to share details about a child's developmental skills. This information is needed to select appropriate learning goals for an IFSP or IEP. Easy-to-answer questions are listed in eight areas: Fine Motor, Gross Motor, Adaptive, Social-Emotional, Social-Communication, Cognitive, Literacy, and Math. Questions about related behaviors are grouped together and mirror the content of the AEPS-3 Test.

You may complete this form independently or with help from program staff. Program staff will explain how to begin and when to stop answering questions. Please let program staff know if you have any questions or need assistance.

For each question, watch your child use the skill first, then mark your rating as follows:

- Mark **yes (Y)** if your child uses the skill or action described. Also mark **yes** if your child previously was able to do the skill. For example, if the question asks if your child can crawl and now your child can walk, mark **yes**.
- Mark **sometimes (S)** if your child uses the skill or action sometimes or partially. *Sometimes* is an appropriate response if your child does not consistently use, partly uses, or needs help to use the skill. For example, if your child sometimes takes off their coat but usually needs adult help, mark *sometimes*.
- Mark **not yet (N)** if your child does not yet use the skill or action described. For example, if your child cannot use a spoon to eat, mark **not yet**.

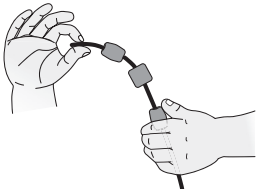

Fine Motor

Fine motor skills are those that involve the movement and use of the hands. These skills include grasping and releasing, using the index finger and thumb, using scissors and writing implements, drawing shapes, and printing letters.

Name: Marcus Greene

DIRECTIONS: Mark Y for yes, S for *sometimes*, and N for *not yet*.

	DATE 1: <u>9/30/21</u>	DATE 2: _____	DATE 3: _____
1. Does your child move or wave their hands toward objects or people? For example, your child moves their arms back and forth toward a hanging toy. (FM.A1)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
2. Does your child pick up pea-size objects such as a small piece of cereal or cracker with the thumb and index finger of either hand and without resting their arm or hand on the table? For example, your child picks up a grape using their thumb and index finger. (FM.A2)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
3. Does your child stack three or more objects with either hand? For example, your child stacks three or four blocks on top of one another. (FM.A3)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
4. Does your child use one finger to turn toys or objects on or off? For example, your child uses an index finger to push a button on a telephone or a toy. (FM.B1)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
5. Does your child turn objects by turning either wrist? For example, your child turns their wrist to take a lid off a jar, wind up a toy, or turn a faucet on and off. (FM.B2)	<input checked="" type="radio"/> Y S N	Y S N	Y S N

	DATE 1: <u>9/30/21</u>	DATE 2: _____	DATE 3: _____
<p>6. Does your child use two hands to move or manipulate objects using each hand separately or independently? For example, your child strings beads on a shoelace, buttons small buttons, or threads and zips a zipper. (FM.B3)</p> 	<input checked="" type="radio"/> Y S N	Y S N	Y S N
<p>7. Does your child use three fingers to hold objects such as a spoon, pencil, or crayon? For example, your child uses three fingers to hold a crayon to draw, a paint brush to paint, or a spoon to scoop food. (FM.C1)</p> 	Y S <input checked="" type="radio"/> N	Y S N	Y S N
<p>8. Does your child use a finger to activate an electronic device to produce an outcome? For example, your child uses a finger to draw a picture, move images across a screen, or play a game on an electronic notebook. (FM.D1)</p>	<input checked="" type="radio"/> Y S N	Y S N	Y S N

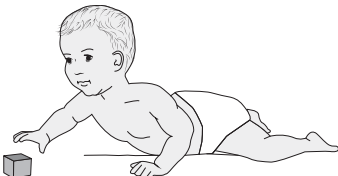
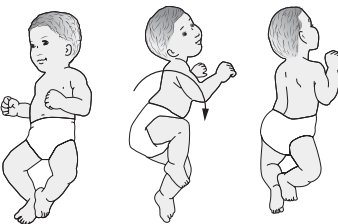
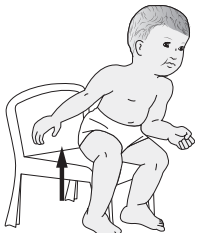
What fine motor skills do you want your child to learn?


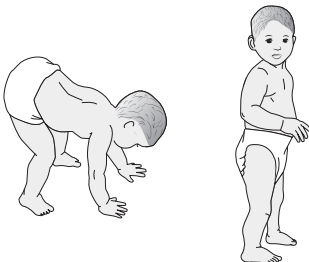

Gross Motor

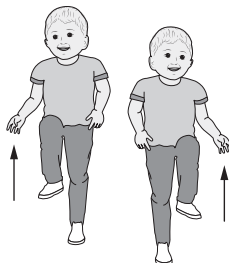
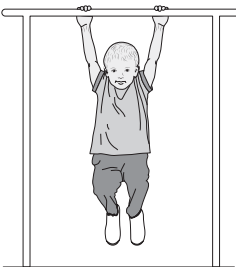
Gross motor skills involve moving and getting around in your surroundings.
These skills include rolling, crawling, walking, running, jumping, skipping, and riding a bike.

Name: Marcus Greene

DIRECTIONS: Mark Y for yes, S for *sometimes*, and N for *not yet*.

DATE 1: <u>9/30/21</u>	DATE 2: _____	DATE 3: _____
1. Does your child move their head, arms, and legs independently of each other while lying on their back? For example, your child waves their arms without kicking their legs or turns their head without moving arms or kicking legs. (GM.A1) <div style="text-align: center;"> <input checked="" type="radio"/> Y S N </div>	<div style="text-align: center;"> Y S N </div>	<div style="text-align: center;"> Y S N </div>
2. Does your child put weight on one hand or arm while reaching with the opposite hand? For example, your child leans on one hand or arm while reaching for an object with the other hand. (GM.A2) 	<div style="text-align: center;"> <input checked="" type="radio"/> Y S N </div>	<div style="text-align: center;"> Y S N </div>
3. Does your child roll over from back to stomach in both directions? For example, your child rolls from their back to their stomach to reach for a toy and then rolls to their back to play with the toy. (GM.A3) 	<div style="text-align: center;"> <input checked="" type="radio"/> Y S N </div>	<div style="text-align: center;"> Y S N </div>
4. Does your child move to a sitting position on the floor from standing, lying down, or from their hands and knees without help? For example, your child gets into a sitting position to look at a book or toy. (GM.A4) <div style="text-align: center;"> <input checked="" type="radio"/> Y S N </div>	<div style="text-align: center;"> Y S N </div>	<div style="text-align: center;"> Y S N </div>
5. Does your child get out of a child-size chair without help? For example, your child rises from a small chair to get a toy. (GM.A5) 	<div style="text-align: center;"> <input checked="" type="radio"/> Y S N </div>	<div style="text-align: center;"> Y S N </div>

	DATE 1: <u>9/30/21</u>	DATE 2: _____	DATE 3: _____
<p>6. Does your child crawl or creep forward 6 feet or more by alternating their arms and legs? For example, your child moves one arm and the opposite leg, then the other arm and opposite leg, or your child crawls forward to get a toy. (GM.B1)</p> 	<input checked="" type="radio"/> Y S N	Y S N	Y S N
<p>7. Does your child bend at the waist or knees to reach an object on the floor and then stand up without sitting down or leaning on something? For example, your child stoops or squats to pick up a toy and then resumes standing. (GM.B2)</p> 	<input checked="" type="radio"/> Y S N	Y S N	Y S N
<p>8. Does your child walk around or past objects, furniture, or people without bumping into them? For example, your child avoids a chair while walking to the door or window. (GM.B3)</p>	<input checked="" type="radio"/> Y S N	Y S N	Y S N
<p>9. Does your child walk up and down stairs by alternating their feet on the steps? Your child can hold your hand or the stair railing for support. For example, your child climbs stairs by alternating their feet while holding onto the railing. (GM.B4)</p>	Y <input checked="" type="radio"/> S N	Y S N	Y S N
<p>10. Does your child run without bumping into objects, furniture, or people? For example, your child runs to you without bumping into furniture. (GM.B5)</p>	Y S <input checked="" type="radio"/> N	Y S N	Y S N
<p>11. Does your child jump forward with their feet together? For example, your child hops like a bunny with both feet together. (GM.B6)</p> 	Y S <input checked="" type="radio"/> N	Y S N	Y S N

	DATE 1: <u>9/30/21</u>	DATE 2: _____	DATE 3: _____
<p>12. Does your child skip 15 feet or more using an alternating step-hop pattern? For example, your child uses a skipping action to move around the room. (GM.B7)</p> 	Y S <input checked="" type="radio"/> N	Y S N	Y S N
<p>13. Does your child swing a bat or stick to hit a stationary object? For example, your child hits a t-ball with a bat or a piñata with a stick. (GM.C1)</p>	Y S <input checked="" type="radio"/> N	Y S N	Y S N
<p>14. Does your child hang from the bars on play equipment? For example, your child hangs from a horizontal bar off the ground. (GM.C2)</p> 	Y S <input checked="" type="radio"/> N	Y S N	Y S N
<p>15. Does your child ride a two-wheel bike without training wheels or adult assistance? For example, your child balances, pedals, and steers independently without falling. (GM.C3)</p>	Y S <input checked="" type="radio"/> N	Y S N	Y S N

What gross motor skills do you want your child to learn?

Adaptive skills are those that involve being able to care for yourself. These skills include eating, drinking, preparing and serving food, using the toilet independently, dressing, and undressing.

Name: Marcus Greene

DIRECTIONS: Mark Y for yes, S for sometimes, and N for not yet.

	DATE 1: <u>9/30/21</u>	DATE 2: _____	DATE 3: _____
1. Does your child take food off a spoon without choking or gagging? For example, your child eats mashed fruit from a spoon. (AD.A1)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
2. Does your child eat a variety of foods and textures? For example, your child eats some fruits, some vegetables, and some meats. (AD.A2)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
3. Does your child eat foods using a spoon, fork, or other utensil without much spilling? For example, your child eats rice with a spoon or chopsticks without dropping food. (AD.A3)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
4. Does your child drink from a cup or glass without a lid with minimal spilling? For example, your child drinks water from a cup without spilling. (AD.A4)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
5. Does your child eat in socially appropriate ways? For example, your child chews with their mouth closed, uses a napkin, or asks for help to cut food. (AD.A5)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
6. Does your child get food ready for eating by removing inedible parts and by using a utensil such as a spoon or knife? For example, your child removes a banana skin, spreads jam on bread with a knife, or transfers food from a bowl. (AD.A6)	Y S <input checked="" type="radio"/> N	Y S N	Y S N
7. Does your child use the toilet independently? You can help with clothing if needed. For example, your child asks to use the bathroom while in a restaurant and completes the process successfully. (AD.B1)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
8. Does your child bathe and dry off with minimal assistance? For example, your child climbs into the tub or shower, uses soap and rinses, and dries off with a towel. (AD.B2)	Y S <input checked="" type="radio"/> N	Y S N	Y S N
9. Does your child brush their teeth, comb their hair, and wipe their nose with acceptable outcomes? For example, your child puts toothpaste on the toothbrush, brushes their teeth, and rinses their mouth. (AD.B3)	Y S <input checked="" type="radio"/> N	Y S N	Y S N
10. Does your child undress without help? For example, at bedtime, your child removes pants, shirt, socks, and underwear. (AD.C1)	Y <input checked="" type="radio"/> S N	Y S N	Y S N
11. Does your child choose appropriate clothing for the weather, temperature, and social setting and get dressed? For example, your child puts on a coat and boots to walk in the snow. (AD.C2)	Y <input checked="" type="radio"/> S N	Y S N	Y S N
12. Does your child act to relieve their own distress or pain? For example, your child tells you they don't feel well when sick or looks for a caregiver when hit by another child. (AD.D1)	<input checked="" type="radio"/> Y S N	Y S N	Y S N

	DATE 1: <u>9/30/21</u>	DATE 2: _____	DATE 3: _____
13. Does your child follow known home and community safety rules? An adult can remind them. For example, your child does not touch hot stoves or leave water running. (AD.D2)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
14. Does your child avoid dangerous conditions, objects, or materials without being told? For example, your child stays away from open flames or does not touch a sharp knife. (AD.D3)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
15. Does your child recognize and report danger to a caregiver? For example, your child reports that the door was left open and the dog might run outside. (AD.D4)	<input checked="" type="radio"/> Y S N	Y S N	Y S N

What adaptive skills do you want your child to learn?

Social-Emotional

Social skills are those that involve interacting and participating with others. These skills include showing affection, playing with others, choosing activities, sharing, managing conflict, identifying emotions, and knowing personal information.

Name: Marcus Greene

DIRECTIONS: Mark Y for yes, S for sometimes, and N for not yet.

	DATE 1: <u>9/30/21</u>	DATE 2: _____	DATE 3: _____
1. Does your child initiate a positive social behavior with a familiar adult? For example, your child smiles at you, or your child reaches for a parent and gives a hug. (SE.A1)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
2. Does your child continue an interaction with a familiar adult by gesturing, vocalizing, signing, or talking? For example, your child says, "Ba," you ask, "Do you want your ball?" and your child then points to the ball and says, "Ba." Or, you sign PAT-A-CAKE, your child claps their hands, you sign PAT-A-CAKE again, and your child claps their hands again. (SE.A2)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
3. Does your child do at least two things to get ready for a usual event or routine, such as bathing, dressing, eating, or toileting, without being asked? For example, when you turn on the water or say, "Let's take your bath," your child goes to the tub, undresses, and gets tub toys. (SE.A3)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
4. Does your child respond appropriately to others' emotions? For example, your child becomes distressed when other children cry, or your child laughs when you laugh. (SE.B1)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
5. Does your child recover from anger, fear, and upset? For example, your child gets the toy they threw when angry and starts playing again, your child uses a pacifier to calm down or runs to a caregiver when frightened, or your child quiets after crying and rejoins the play group. (SE.B2)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
6. Does your child make positive statements about themselves or their accomplishments? For example, your child says, "I jump high and run fast." Or your child says, "Look at my picture. It's so nice." (SE.B3)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
7. Does your child play with other children? For example, your child and a peer dig in a sandbox, or your child plays house with another child. (SE.C1)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
8. Does your child plan and act out imaginary play? For example, your child pretends to be a firefighter and puts out a fire, or your child uses a box as a pretend rocket. (SE.C2)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
9. Does your child work with another child to plan and carry out play activity? For example, your child says, "Let's build a fort," and a peer says, "We need a box." Your child responds, "Then we can be soldiers." Your child and the peer carry out their plan. (SE.C3)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
10. Does your child follow rules while playing games? For example, your child takes turns while playing a card game. (SE.C4)	Y S <input checked="" type="radio"/> N	Y S N	Y S N

	DATE 1: <u>9/30/21</u>	DATE 2: _____	DATE 3: _____
11. Does your child initiate and complete independent activities? For example, your child asks for a puzzle and puts it together, or your child colors in a coloring book. (SE.D3)	<input checked="" type="radio"/> Y <input type="radio"/> S <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> S <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> S <input type="radio"/> N
12. Does your child try to find a solution to disagreements with others? For example, your child says, "I'll play with the ball first, then you can have it next." Or when told it's time for bed, your child asks, "Can I finish my game first, and then I'll go to bed?" (SE.D4)	<input type="radio"/> Y <input type="radio"/> S <input checked="" type="radio"/> N	<input type="radio"/> Y <input type="radio"/> S <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> S <input type="radio"/> N
13. Does your child seek solutions to meet their physical needs? For example, your child asks for help when uncomfortable, dirty or wet, or tired. (SE.E1)	<input type="radio"/> Y <input checked="" type="radio"/> S <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> S <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> S <input type="radio"/> N
14. Does your child use social rules and expectations outside of home or school? For example, your child stays seated at the table in a restaurant or is careful not to bump younger children at the playground. (SE.E2)	<input type="radio"/> Y <input checked="" type="radio"/> S <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> S <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> S <input type="radio"/> N
15. Does your child follow specific rules for different community settings? For example, your child stays seated until the bus stops during a bus ride, does not touch food in the grocery store, or holds a friend's hand to cross the street when asked. (SE.E3)	<input type="radio"/> Y <input checked="" type="radio"/> S <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> S <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> S <input type="radio"/> N
16. Does your child know personal information about themselves? For example, your child knows their own first and last names, address, and phone number. (SE.E4)	<input checked="" type="radio"/> Y <input type="radio"/> S <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> S <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> S <input type="radio"/> N

What social-emotional skills do you want your child to learn?

Social-Communication

Social-communication skills are those that involve communicating with others. These skills include listening, speaking, and understanding conversational rules and the use of grammar.

Name: Marcus Greene

DIRECTIONS: Mark Y for yes, S for *sometimes*, and N for *not yet*.

	DATE 1: <u>9/30/21</u>	DATE 2: _____	DATE 3: _____
1. Does your child turn to look at someone who is talking nearby? For example, when playing near you, your child looks at you when you talk. (SC.A1)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
2. Does your child babble the same sound combinations and different sound combinations? For example, your child says, "ba-ba" and "ba-da." (SC.A2)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
3. Does your child babble or use words in response to a caregiver's words? For example, you say, "Hi, baby," your child says, "Ba-ba," you then ask, "What?" and your child says, "Ba-ba-ba." Or the caregiver says, "Let's go," and your child says, "Bye-bye." (SC.A3)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
4. Does your child get attention and then point to an object, a person or animal, or something that is happening? For example, your child pulls on your arm and then points to a ball, looks at you and then looks at a cat, or makes a sound and points to a car passing by. (SC.A4)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
5. Does your child look in the same direction that another person is looking? For example, a caregiver turns and looks out the window, and your child also turns and looks out the window. (SC.B1)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
6. Does your child point out at least 10 familiar objects or people after you name them? The people or objects should be familiar and easy to find but not close by. For example, you say, "Where's Spot?" and your child goes to the window and points to the doghouse. (SC.B2)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
7. Does your child carry out two linked directions with objects that are out of sight? For example, a caregiver says, "Get your sweater and put it on," when the child's sweater is in another room. Your child gets the sweater and puts it on. (SC.B3)	Y <input checked="" type="radio"/> S N	Y S N	Y S N
8. Does your child respond to questions related to why, how, and when? For example, your child says, "I hurt myself," when you ask why they are crying, or your child responds, "Six," when asked how old they are. (SC.B4)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
9. Does your child use sentences of three words or more? For example, your child says, "Where is Daddy tonight?" or "I don't like broccoli." (SC.C1)	<input checked="" type="radio"/> Y S N	Y S N	Y S N

	DATE 1: <u>9/30/21</u>	DATE 2: _____	DATE 3: _____
10. Does your child start and continue social exchanges using words, actions, or other means? For example, your child asks another child, "Can we read this book?" The other child says, "Not right now," and your child says, "How about after snack?" (SC.D1)	Y S N	Y S N	Y S N
11. Does your child use language to share information or get information from others? For example, your child meets another child at the playground and says, "My house is at the end of the street. Where do you live?" (SC.D2)	Y S N	Y S N	Y S N

What social-communication skills do you want your child to learn?

Cognitive skills are those that involve mental processes and reasoning. These skills include imitating, recalling, categorizing, problem solving, and making observations and predictions.

Name: Marcus Greene

DIRECTIONS: Mark Y for yes, S for *sometimes*, and N for *not yet*.

	DATE 1: <u>9/30/2021</u>	DATE 2: _____	DATE 3: _____
1. Does your child turn toward noises, objects, or people and respond by looking or reaching? For example, your child turns when someone says, "Hi, baby," or your child turns to you and reaches for the toy you are holding. (CO.A1)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
2. Does your child use two or more simple actions together to interact with people, animals, and objects? For example, your child reaches for you and vocalizes, or your child kicks their legs and bats at a toy. (CO.A2)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
3. Does your child copy an unfamiliar gesture or movement? For example, your child pats their head after watching you pat your head. (CO.B1)	Y <input checked="" type="radio"/> S N	Y S N	Y S N
4. Does your child imitate unfamiliar words? For example, your child tries to say a new word that an adult introduces. (CO.B2)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
5. Does your child relate an event that happened previously (at least several hours ago)? For example, your child describes sandbox activities that occurred yesterday. (CO.B3)	Y S <input checked="" type="radio"/> N	Y S N	Y S N
6. Does your child search for things that are not in their usual place? For example, your child looks elsewhere when a toy is not in the toy box, or your child looks other places when their coat is not in the closet. (CO.C1)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
7. Does your child recognize symbols that represent objects? For example, your child points to or names your pet when you show a picture of a dog. (CO.C2)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
8. Does your child sort objects or people based on two or more features (such as size and color)? For example, your child puts small red cars together and larger yellow cars together or places square blocks in one pile and round blocks in another pile. (CO.C3)	Y S <input checked="" type="radio"/> N	Y S N	Y S N
9. Does your child compare common concepts by following directions, answering questions, or identifying objects, people, or events with words that indicate contrast? For example, your child says, "I go to bed at night, not in the morning," "He is taller than me," or "This ball is as big as that one." (CO.C4)	Y S <input checked="" type="radio"/> N	Y S N	Y S N
10. Does your child use one object to get another object that is out of reach? For example, your child uses a stool to reach a cookie or a spoon to get a ball under the couch. (CO.D1)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
11. Does your child use different actions with objects to get new outcomes? For example, your child uses a chair to build a fort or a sweater as a blanket for a doll. (CO.D2)	Y <input checked="" type="radio"/> S N	Y S N	Y S N

	DATE 1: <u>9/30/2021</u>	DATE 2: _____	DATE 3: _____
12. Does your child try different methods to solve a problem? For example, your child asks a caregiver to open a heavy door, or your child uses a fork to eat cereal when a spoon is not available. (CO.D3)	Y S N	Y S N	Y S N
13. Does your child make reasonable predictions? For example, your child predicts puddles will appear after a rainstorm or predicts the ending of an unfamiliar story. (CO.D4)	Y S N	Y S N	Y S N
14. Does your child ask questions based on simple observations or extended explorations? For example, your child asks why the moon changes size, why heated food cools off, or why it is cold outside. (CO.E1)	Y S N	Y S N	Y S N
15. Does your child share information about what they figured out or show or tell you what they think is going to happen? For example, your child chooses the smallest ball when you ask which one they think is lightest, or your child asks for a cup with a lid so the bug they found won't get away. (CO.E2)	Y S N	Y S N	Y S N

What cognitive skills do you want your child to learn?

Literacy skills are those that involve prereading and reading skills. These skills include page and book orientation, matching sounds with letters, recognizing letters and words, and writing letters and words.

Name: Marcus Greene

DIRECTIONS: Mark Y for yes, S for *sometimes*, and N for *not yet*.

	DATE 1: <u>9/30/21</u>	DATE 2: _____	DATE 3: _____
1. Does your child pay attention and seem to enjoy shared reading time with another child or group? For example, your child looks at pictures and listens or makes comments when an adult reads a book during storytime at the library or on a playdate. (LI.A1)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
2. Does your child understand that writing goes in one direction from side to side and from top to bottom on a page? For example, your child uses a finger to point to letters or follow words from left to right, or your child scrolls from the top to bottom of the page. (LI.A2)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
3. Does your child recognize printed words for common or familiar people, objects, or pictures? For example, your child points to their sister's name and says, "Sissy," or to their own name on a school cubby and says, "That's me." (LI.A3)	Y S <input checked="" type="radio"/> N	Y S N	Y S N
4. Does your child say rhyming words? For example, when a caregiver says, "I hear with my little ear words that rhyme with <i>cat</i> ," your child says, "bat," "hat," "mat," "fat," "sat," "pat," or "rat." (LI.B1)	Y <input checked="" type="radio"/> S N	Y S N	Y S N
5. Does your child separate a compound word into its parts? For example, your child says, " <i>Sun</i> and <i>shine</i> " when you ask what two words are in <i>sunshine</i> . (LI.B2)	Y S <input checked="" type="radio"/> N	Y S N	Y S N
6. Does your child break a word up into its separate syllables? For example, your child says "kan-ga-roo" when you ask what the parts of the word <i>kangaroo</i> are. (LI.B3)	Y S <input checked="" type="radio"/> N	Y S N	Y S N
7. Does your child break a word into its individual sounds? For example, your child says "c-a-t" when you ask what all of the sounds are in <i>cat</i> . (LI.B4)	Y S <input checked="" type="radio"/> N	Y S N	Y S N
8. Does your child name several letters (more than five)? For example, your child points to a fridge magnet with the letter <i>a</i> and says, "A—that's in my name," or your child names letters while reading a book with you. (LI.C1)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
9. Does your child describe the pictures in a book? For example, your child says, "Bear ride bike," while looking at a picture of a bear on a bike. (LI.D1)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
10. Does your child retell a story with a beginning, middle, and end? For example, after hearing the nursery rhyme "Jack and Jill," your child says, "They went up a hill, they got water, and they fell down." (LI.D2)	Y S <input checked="" type="radio"/> N	Y S N	Y S N
11. Does your child write and draw? The letters may be large, backward, or reversed, and words do not have to be spelled correctly. For example, your child writes their name, makes a list, and draws a house. (LI.E2)	Y <input checked="" type="radio"/> S N	Y S N	Y S N

What literacy skills do you want your child to learn?

Math skills are those that address numbers and number manipulation. These skills include counting, comparing numbers of items, and recognizing and writing numbers.

Name: Marcus Greene

DIRECTIONS: Mark Y for yes, S for *sometimes*, and N for *not yet*.

	DATE 1: <u>9/30/21</u>	DATE 2: _____	DATE 3: _____
1. Does your child correctly count 3 items out loud? For example, your child counts 3 blocks, 3 cars, or 3 cups. (MA.A1)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
2. Does your child correctly count 10 items out loud? For example, your child counts 10 toys, 10 crackers, or 10 cars. (MA.A2)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
3. Does your child correctly count 20 items out loud? For example, your child lines up 20 beads while counting them or selects 20 dominoes while counting them. (MA.A3)	Y S <input checked="" type="radio"/> N	Y S N	Y S N
4. Does your child count by tens up to 100? You may show them how. For example, your child counts, "10, 20, 30, 40, 50, 60, 70, 80, 90, 100," after hearing you count by tens. (MA.A4)	Y S <input checked="" type="radio"/> N	Y S N	Y S N
5. Does your child count 2 small sets of items (up to 5) and compare how many? For example, your child counts 4 crayons in their set and 3 crayons in your set and says, "I have more than you." (MA.B1)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
6. Does your child count 2 medium sets of items (6-10) and compare how many? For example, your child counts 7 crackers on their plate and 8 crackers on their brother's plate and says, "You got more than me." (MA.B2)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
7. Does your child count 2 large sets of items (11-20) and compare how many? For example, your child counts raisins in their bowl and their friend's bowl and says, "I have 16 and you have 16, so we have the same." (MA.B3)	Y S <input checked="" type="radio"/> N	Y S N	Y S N
8. Does your child read and write numerals for up to 5 items? The numerals may be large or backward. For example, your child writes 5 for 5 pieces of pizza and says there are 5 pieces. (MA.C1)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
9. Does your child read and write numerals for 6 to 10 items? The numerals may be large, backward, or reversed. For example, your child writes 9 for 9 boxes on the shelf and says there are 9 boxes. (MA.C2)	<input checked="" type="radio"/> Y S N	Y S N	Y S N
10. Does your child read and write numerals for 11 to 20 items? The numerals may be large, backward, or reversed. For example, your child writes 14 for 14 books and says there are 14 books. (MA.C3)	Y S <input checked="" type="radio"/> N	Y S N	Y S N

What math skills do you want your child to learn?

Please list the next skills you would like your child to learn.

Date: 9/30/21

1. Getting dressed and undressed by himself

2. Holding a pencil correctly

3. _____

4. _____

Please list the next skills you would like your child to learn.

Date: _____

1. _____

2. _____

3. _____

4. _____

Please list the next skills you would like your child to learn.

Date: _____

1. _____

2. _____

3. _____

4. _____