

Child Data

Child's Name _____ Birth Date _____ Phone _____

Parent/Caregiver _____ School/Program _____

Home Address _____ Address _____

Comments _____

DIRECTIONS

For each evaluation, complete the chart below. In the observation boxes, put a tick ✓ for Satisfactory or an ✕ for Needs Improvement to record observations made while administering the assessments.

Evaluation	Colour	Date	Examiner	OBSERVATIONS									
				Cooperation	Persistence	Attention Span	Concentration	Confidence	Rapport	Apparently Good Hearing	Apparently Good Vision		
1st	Pencil									Yes	No	Yes	No
2nd	Blue									Yes	No	Yes	No
3rd	Red									Yes	No	Yes	No
4th	Black									Yes	No	Yes	No
5th	Green									Yes	No	Yes	No
6th	Purple									Yes	No	Yes	No

For each assessment, use a different coloured pen or pencil to record the child's assessment data and show the child's progress.

- Circle the skill/item number of each correct response.
- Underline the skills/items that you wish to set as instructional objectives for the child to achieve before the next evaluation.
- Under each assessment number, write the assessment method(s) used to obtain your results. You may wish to use the following codes to indicate assessment method(s):
 - O – Observation
 - I – Interview
 - P – Performance (Child)

The following example shows how to record the child's responses and assessment data.

A-4 38 P	Colours (page C-38) 1. Matches colours 2-0 <u>①</u> red <u>②</u> blue 2-6 <u>③</u> green <u>4.</u> yellow 2. Points to colours 3-0 <u>①</u> red <u>②</u> blue 3-6 <u>3.</u> green 4. yellow 3. Names colours 3-6 <u>1.</u> red <u>②</u> blue 4-0 <u>3.</u> green 4. yellow Notes: _____
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C Mathematics and Science (continued)

Assessment Page

C-9 184	Shape Concepts 1. Matches shapes 3-0 1. circle 2. square 4-0 3. triangle 4. rectangle 5. diamond 5-6 2. Points to shapes 3-6 1. circle 2. square 4-6 3. triangle 4. rectangle 5. diamond 6-0 3. Names shapes 4-0 1. circle 2. square 5-0 3. triangle 4. rectangle 5. diamond 6-6 Notes: _____ _____ _____
C-10 187	Joins Sets Joins groups of like objects with sums to 4-5 1. 3 4. 6 5-5 7. 9 2. 4 5. 7 8. 10 6-0 5-0 3. 5 6. 8 Notes: _____ _____ _____
C-11 189	Directional/Positional Concepts 2-0 1. close/open 4-0 7. up/down 5-0 12. centre/corner 2. front/back 8. forward/backward 13. right/left 3. in/out 9. away from/toward 6-0 14. right/left of others 7-0 3-0 4. behind/in front of 10. low/high 5. bottom/top 11. above/below 6. over/under Notes: _____ _____ _____

E Physical Health and Development *(continued)*

Assessment Page

Notes: _____

E-24 310

Grooming

- | | | | |
|-----|--|-----|--|
| 1-6 | 1. Willingly allows nose to be wiped. | 5-0 | 8. Brushes teeth without assistance. |
| 2-0 | 2. Begins brushing teeth with much assistance. | | 9. Combs hair. |
| 2-6 | 3. Wipes nose when requested to do so. | | 10. Wipes nose without verbal cue. |
| 3-0 | 4. Brushes teeth with assistance. | | 11. Brushes hair. |
| | 5. Rinses mouth and expels water. | | 12. Covers mouth and nose when coughing and sneezing. |
| 4-0 | 6. Combs hair with assistance. | 6-0 | 13. Cleans nails, may need assistance cleaning nails on dominant hand. 7-0 |
| | 7. Brushes hair with assistance. | | |

Notes: _____

