

Head Start Progress Report -Special Services

CHILD _____ DOB _____

CENTER _____ IEP date _____

TEACHING TEAM _____ Date _____

Developmental Skills Check List

Communication skills	I can do	Cognitive Skills	I can do	Fine Motor skills	I can do
Follows simple commands		Match similar shapes		Picks up small objects with pincer grasp	
Points to objects/body parts/pictures named		Match colors / shapes		Put objects in container	
Names body parts		Make choices		Nests objects in graduated size	
Names familiar objects / pictures		Return materials to proper place		Builds a tower of 5 /10 blocks	
Makes verbal greetings		Sort colors / shapes / sizes		Completes simple inset puzzle	
Follows two step commands		Point to colors / shapes when named		Completes puzzle of 3-5 / 6-10 / 11-15 / 16-20 pieces	
Listens to a story		Name colors / shapes		Works with clay rolling / pounding / pulling	
Expresses wants and needs verbally		Show big-little / slow-fast / more-less		Strings 1 inch / 1/2 inch beads	
Tells name / age / sex		Know use of objects		Tears paper	
Uses three word phrases		Classifies objects		Folds paper	
Sings songs along with music		Shows direction and position		Snips paper with scissors	
Responds to simple yes / no questions		Copies simple sequence of pattern		Cut on a line	
Ask simple questions		Places objects in order of size/ weight / color		Cuts on folded line	
Delivers a simple message		Recognizes time concepts -today / yesterday /tomorrow		Cuts shapes	
Relates pictures to a story		Recognizes printed name		Strokes with a paint brush	
Names missing parts of a picture		Matches letters		Scribbles	
Names activities recently performed		Points to letters when named		Holds pencil with fingers	
Tells cause of an event		Names letters		Traces line and shapes	
Tells consequences of an event		Role counts 1-5 / 1-10 / 1-20		Copies a straight line vertical / horizontal	
Tells address / telephone number		Counts objects 1-5 / 1-10		Copies O / + / triangle / square	
Tells actions in picture		Recognizes numeral 1-5 / 1/10		Traces name / letters / numbers	
Tells details of a story		Places numerals in order 1-5 / 1-10		Copies name / letters / numbers	
Uses complete sentences		Matches quantity to numeral 1-5 / 1-10		Colors within the line	
Follows three-step commands				Draws a person	

Teacher completes both sides of form. Mark only the skills the child can do reasonably well.

CHILD _____

Social Emotional Skills	I can do	Self Care Skills	I can do	Gross Motor Skills	I can do
Helps put things away with assistance		Uses spoon / fork		Walks alone	
Put things away independently		Uses napkin		Walks backward / sideways	
Plays independently		Serve own self on plate unassisted		Jumps in place	
Plays cooperatively with classmates		Pours liquid from a pitcher		Runs without falling	
Engage in imaginative play		Wipes up spills		Walks on tip toe four to five steps	
Work independently		Uses knife for spreading		Throws a large ball forward	
Work cooperatively with others		Prepares a simple snack (sandwich, milk etc.)		Rolls a ball	
Completes a task		Removes socks / shoes		Hops on one foot two or more time in a row	
Plays organized games		Unsnaps / unbuttons / unzips clothing		Goes up and down stair using alternate feet	
Follow rules.		Removes shirt /pants/dress		Climbs on and off jungle gym	
Takes turn and shares		Removes "pull over" clothes		Walks on a balance beam / board	
Make individual choices		Puts on shoe / socks		Balances on one foot	
Expresses feelings		Buttons / snaps /zips/ clothing		Catches a bounce ball with hands	
Negotiate interpersonal problems		Dresses independently		Walks backwards in a defined space	
Care for property of self / others		Ties own shoes		Kicks an eight to ten inch diameter ball	
Recognize property of self / others		Totally cares for toileting needs		Skips	
Remain on task 1-1 for 5min/10 min		Washes hands / dries hands		Dances to music	
Remain on task in small group activity (3min / 5 min /10 min)		Washes face / dries face		Bounces a large ball continuously 4-5 time	
Remain on task in a large group activity (3 min/ 5 min/ 10 min)		Turns faucet on and off		Jumps rope	
		Wipes noses		Pedals a tricycle	
		Brushes teeth			

My favorite activity is _____

My favorite color is _____

I learn best when _____

My favorite book/story is _____

Teacher completes both sides of form. Mark only the skills the child can do reasonably well.