PKSA: Class Assessment Form

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check one: □ Beginning □ Mid Year □ End of Year

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| --- | --- | --- | --- | --- | --- |
| Student(Last, First) | LRSD Student # | Task 1*Letter ID*(Max. 52) | Task 2 *Write Name*(Max. 5) | Task 3*Numeral ID*(Max. 20) | Comments |
| ex: Doe, John | 599665 | 35 | 2 | 5 |  |
| ex: March, Josey | 76958 | 14 | 2 | 10 |  |
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Submit one (1) copy to building administrator; one (1) copy to Early Childhood office within one week of the assessment period.