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.