



Dear Parents: *This activity reviews some of the skills your child has practiced over the last 10 weeks. Mark your child's answers to see what skills they are learning and what skills need more practice. If your child missed some of the questions you may want to go back and review some activities or do some of the extension activities to reinforce skills.*

SHAPES: (Put 3 shapes on the table in front of your child: 1 triangle, 1 circle, 1 square)

(Say:) **Point to the square** **Square** **Triangle** (If your child points to the shape you say, check the box next to the name of the shape.)
Point to the circle **Circle** **Circle**
Point to the triangle

COUNTING: (Point to the pennies below.) Say: **Count the pennies.**

(Write the number your child said here.) _____



IDENTIFYING BODY PARTS: (If your child points to the body part you say, check the box next to the name of that part.)

(Say:) **Touch your:** **Ear** **Leg** **Knee** **Arm** **Ankle**

HYGIENE: (If your child gets the right answer, put a check in the box next to the answer.)

(Say:) **What do you do if your hands are dirty?** **Wash your hands**
What do you do if you have to cough? **Cough into your arm**
How do we take care of our teeth? **Brush them**

MOTOR: (Please check the box next to the name of the gross motor tasks your child can do.)

(Say:) **Show me how you HOP like a rabbit.**
Show me how you WALK like a bear.
Show me how you MOVE like a bird.