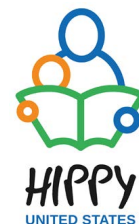


Name: \_\_\_\_\_



**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 4 shapes on the table in front of your child: 1 triangle, 1 circle, 1 square, 1 rectangle.)

(Say:) **Point to the square**  
**Point to the rectangle**

**Point to the circle**  
**Point to the triangle**

**COUNTING:**

(Say:) **Count as far as you can starting at 1.**

(Write the highest number your child can count to on this line.) \_\_\_\_\_

**Now count the pennies below. Point to them as you count.**



(Write the highest number your child can count to on this line.) \_\_\_\_\_

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

(Say:) **What do you taste with?**  
**What do you smell with?**  
**What do you hear with?**  
**What do you see with?**

**Mouth**

**Ears**

**Nose**

**Eyes**

**FINE MOTOR:**

(Say:) **Write your name on this line.** \_\_\_\_\_

(Give your child a pair of scissors and say:)

**Use your scissors to cut on the line below.**

