

# LETTER NAMING

## Multiple Child Documentation Form



Skill A	Skill B	Skill C	Skill D	Skill E	Skill F	Skill G
<p><u>Distinguishes letters from pictures, shapes, or numerals</u></p> <p>WATCH FOR: Knows difference between letters and other symbols</p>	<p><u>Distinguishes own first name from other names or other words (e.g., on folders, name charts, among other words or names)</u></p> <p>WATCH FOR: Recognizes own first name in print</p>	<p><u>Locates, talks about, or asks questions about letters in one's environment</u></p> <p>WATCH FOR: Is aware of letters in environment</p>	<p><u>Identifies (names, selects) one or more letters in own first name</u></p> <p>WATCH FOR: Knows familiar letters (i.e., at least 1 letter in first name)</p>	<p><u>Identifies (names, selects) some uppercase or lowercase letters (in addition to letters found in own first name)</u></p> <p>WATCH FOR: Knows some less familiar letters (at least 1 letter <u>not</u> in first name)</p>	<p><u>Identifies (names, selects) each of the 26 letters in some form (may be a combination of uppercase and lowercase)</u></p> <p>WATCH FOR: Knows all 26 letters in either upper or lower case form</p>	<p><u>Identifies (names, selects) all 52 letters in uppercase and lowercase form</u></p> <p>WATCH FOR: Knows all 52 letters in upper and lower case form</p>

Child	Evidence and Notes (Describe what you observed that provides evidence for the skill selected. Describe any prompts used. Note that a child may be "Emerging" if not yet at Skill A.)
	<p>1. Date: <input type="checkbox"/> Observation <input type="checkbox"/> Situation</p> <p style="text-align: right;">Learning Status: _____</p>
	<p>2. Date: <input type="checkbox"/> Observation <input type="checkbox"/> Situation</p> <p style="text-align: right;">Learning Status: _____</p>
	<p>3. Date: <input type="checkbox"/> Observation <input type="checkbox"/> Situation</p> <p style="text-align: right;">Learning Status: _____</p>

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	4. Date: <input type="checkbox"/> Observation <input type="checkbox"/> Situation	Learning Status: _____
	5. Date: <input type="checkbox"/> Observation <input type="checkbox"/> Situation	Learning Status: _____
	6. Date: <input type="checkbox"/> Observation <input type="checkbox"/> Situation	Learning Status: _____
	7. Date: <input type="checkbox"/> Observation <input type="checkbox"/> Situation	Learning Status: _____
	8. Date: <input type="checkbox"/> Observation <input type="checkbox"/> Situation	Learning Status: _____
	9. Date: <input type="checkbox"/> Observation <input type="checkbox"/> Situation	Learning Status: _____