

Kindergarten Assessments

Name: _____

Date of Birth: _____

Capital Letters

September	November	January	April	June
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M F G J Y O

D E A P Q L

V B N Z S H

R U W T I K

C X

Kindergarten Assessments

Name: _____

Date of Birth: _____

Lowercase Letters

September	November	January	April	June
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a s h w t y u

d e j p z c n

m v b l k g f

o q x i r

a g

Kindergarten Assessments

Name: _____

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Numbers

September	November	January	April	June
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5 3 6 1 8 4

2 7 10 9 0

17 15 13 11 19

20 12 14 18 16

I can count up to 20 Yes/No _____

I can count up to _____.

Kindergarten Assessments

Rhyming Words: Generation

man _____

hat _____

wig _____

map _____

run _____

fill _____

cake _____

like _____

Colors

red

blue

purple

orange

yellow

green



black

brown

pink

white



Shapes

