

EARLY CHILDHOOD READINESS-2

Name: _____

Letter Recognition - Identifies (I) or Names (N)

Date												
A /	B /	C /	D /	E /	F /	G /	H /	I /	J /	K /	L /	M /
N /	O /	P /	Q /	R /	S /	T /	U /	V /	W /	X /	Y /	Z /
a /	b /	c /	d /	e /	f /	g /	h /	i /	j /	k /	l /	m /
n /	o /	p /	q /	r /	s /	t /	u /	v /	w /	x /	y /	z /

Number Recognition - Identifies (I) or Names (N)

Date																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

Body Parts - Identifies (I) or Names (N)

Date									
head	wrist	ankle	hips	eyelashes					
nose	jaw	elbow	fingers	toes					
eyes	hair	eyebrow	chin	knees					
ears	stomach	arms	legs	cheeks					
mouth	back	chest	forehead	neck					

Phone Number:

Date			
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Birthday:

Date			
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Address:

Date			
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No