



# San Diego Unified

SCHOOL DISTRICT

GRANT K-8 SCHOOL

1425 Washington Place, San Diego, CA 92103-1792

Office: (619) 293-4420

August 19, 2020.

Dear Parents and Guardians,

Please administer this assessment survey to your child. We will use the results to place your child in the best classroom and then a Reading Group, a Reading Strategies Group, and a Math Group within that classroom.

Please do not help your child with these items. Simply read and follow the prompts we have provided. It is the most helpful to us when we see what each child can do on their own so we can place each child appropriately to ensure that each student will receive the best placement possible.

Usually we conduct all of these assessments and many more in the classroom at the beginning of the year. Due to the online learning format it would not be practical for us to do this with the students online one at a time. Therefore, we are relying on you to provide an accurate assessment survey to help us with the children's initial placement.

It is completely fine if your child does not know how to do any or all of the items in the assessment. We don't expect, nor is it the goal, that students be able to accurately complete all of the assessment items. Simply have your child do their best.

When the assessment is finished you can either scan it and send it to your child's teacher or you can bring the hard copy to the school office and leave it there.

Please contact Dave Martocchio if you have any questions.

Thank you for your help.

Gratefully, the Grant School Kindergarten and Transitional Kindergarten Team.

Dave P. Martocchio - [InstructorDave@me.com](mailto:InstructorDave@me.com) or 858-354-9417

Giulia Canepa - [jizzo@sandi.net](mailto:jizzo@sandi.net)

Shasha Williams - [sharareh\\_w@yahoo.com](mailto:sharareh_w@yahoo.com) or 619-985-7124

Rita Ginns - [rginns@sandi.net](mailto:rginns@sandi.net) or 619-794-7934

Child's Name	Guardian's Name	Guardian's Contact Information

- i. Point to each Capital letter of the alphabet and ask your child to tell you the name of the letter. If your child correctly names the letter put a check mark, in the box to the right of the letter. If your child does not correctly name any of the letters, put a check mark in the box to the right of the box with the word 'None' in it.

Capital Letter Name	
None	<input type="checkbox"/>
Q	<input type="checkbox"/>
W	<input type="checkbox"/>
E	<input type="checkbox"/>
R	<input type="checkbox"/>
T	<input type="checkbox"/>
Y	<input type="checkbox"/>
U	<input type="checkbox"/>
I	<input type="checkbox"/>

Capital Letter Name	
O	<input type="checkbox"/>
P	<input type="checkbox"/>
A	<input type="checkbox"/>
S	<input type="checkbox"/>
D	<input type="checkbox"/>
F	<input type="checkbox"/>
G	<input type="checkbox"/>
H	<input type="checkbox"/>
J	<input type="checkbox"/>

Capital Letter Name	
K	<input type="checkbox"/>
L	<input type="checkbox"/>
Z	<input type="checkbox"/>
X	<input type="checkbox"/>
C	<input type="checkbox"/>
V	<input type="checkbox"/>
B	<input type="checkbox"/>
N	<input type="checkbox"/>
M	<input type="checkbox"/>

2. Point to each Lower Case letter of the alphabet and ask your child to tell you the name of the letter. If your child correctly names the letter put a check mark, in the box to the right of the letter. If your child does not correctly name any of the letters, put a check mark in the box to the right of the box with the word 'None' in it.

Lower Case Letter Name	
None	
<i>p</i>	
<i>l</i>	
<i>o</i>	
<i>k</i>	
<i>m</i>	
<i>i</i>	
<i>j</i>	
<i>n</i>	

Lower Case Letter Name	
<i>u</i>	
<i>h</i>	
<i>b</i>	
<i>y</i>	
<i>g</i>	
<i>v</i>	
<i>t</i>	
<i>f</i>	
<i>c</i>	

Lower Case Letter Name	
<i>r</i>	
<i>d</i>	
<i>x</i>	
<i>e</i>	
<i>s</i>	
<i>z</i>	
<i>w</i>	
<i>a</i>	
<i>q</i>	

3. Point to each letter of the alphabet and ask your child to tell you the sound of the letter. If your child correctly makes the sound of the letter put a check mark, in the box to the right of the letter. Both the hard (H) and soft (S) sounds should be made for the vowels. If your child does not correctly make the sound of any of the letters, put a check mark in the box to the right of the box with the word 'None' in it.

Letter	Hard Sound as in . . .	Soft Sound as in . . .
A	Cape	Cat
E	Eat	Pet
I	Time	Tin
O	Go	Lot
U	Cute	Cup
Q	Sounds like C and K.	

None

Letter Sound

R

Letter Sound

K

P

L

Q

Z

S

X

D

C

F

V

G

B

H

N

Letter Sound	H	S
A		
E		
I		
O		
U		

Letter Sound	
Y	
J	
W	
T	
M	



Writing numbers continued.

Handwriting practice lines consisting of 10 sets of three horizontal lines (top solid, middle dashed, bottom solid).

5. Have your child write the capital and lower case letters of the alphabet without looking at a sample alphabet. If the lines provided below are not enough, you may provide more lined paper.

Handwriting practice lines consisting of 10 sets of three horizontal lines (top solid, middle dashed, bottom solid).

Alphabet continued.

Handwriting practice lines consisting of 10 sets of three horizontal lines (top solid, middle dashed, bottom solid).

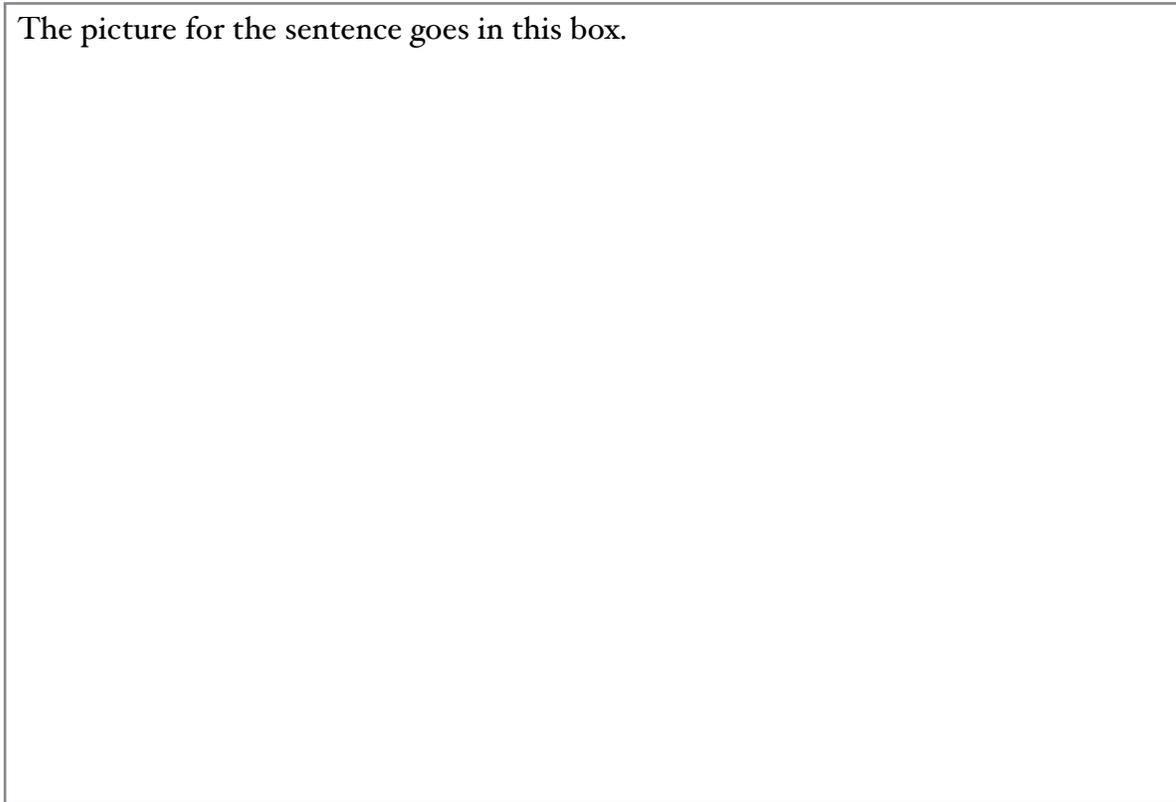
6. Have your child write the following words that you dictate. *Top, Lid, Wag, Bet, Run.*  
If the lines provided below are not enough, you may provide more lined paper.

Handwriting practice lines consisting of 10 sets of three horizontal lines (top solid, middle dashed, bottom solid).

7. Have your child write a sentence about anything they wish without any assistance from you. Have them illustrate the sentence. Have your child write their name on the first line. If the lines provided below are not enough, you may provide more lined paper. The rectangle on the next page is for the illustration. If your child does not know what a sentence is, can't write a sentence, can't write their name, and/or can't draw a picture, have your child skip those things.

Blank writing area with multiple sets of horizontal lines for writing and illustration.

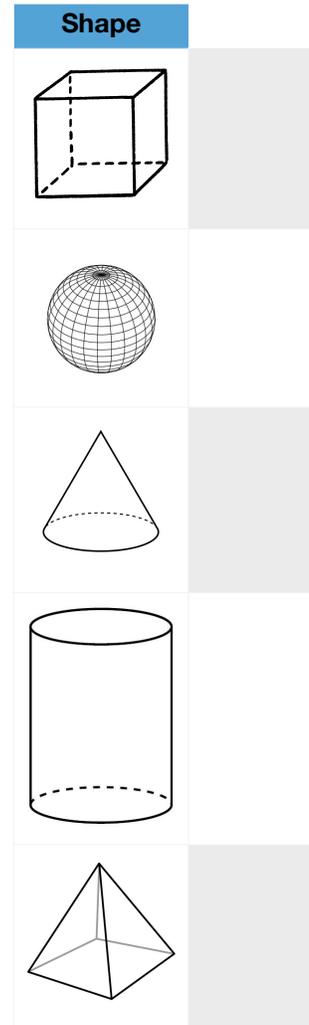
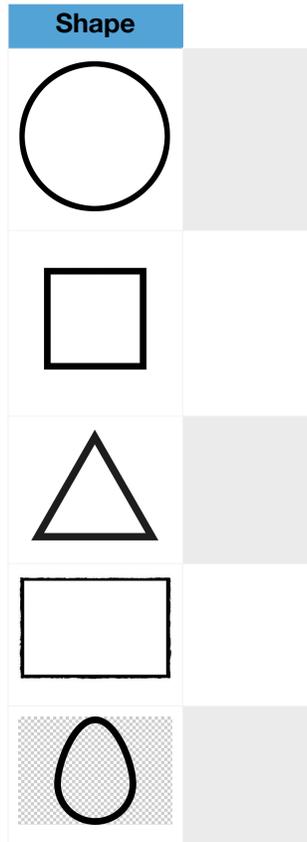
The picture for the sentence goes in this box.



7. Have your child count orally starting from the number one and continuing as far as they can go without any assistance. Record the number that they can count to in the box to the right.

8. Have your child count orally at least three numbers past the number 3, 8, 14, 19, 22, and 27 without any assistance. Put a check mark in the box to the right if your child can correctly count from every number. For example, you will ask your child to start counting forward starting from the number 3. The correct response would be, “Three, four, five, six, . . .”

9. Ask your child to name the following shapes. Put a check mark in the box to the right of the shape if the shape is correctly named. Leave the box to the right of the shape empty if your child does not know the name of the shape or incorrectly names it. (The shapes in the first column from top to bottom are; circle, square, triangle, rectangle, and oval. The shapes in the second column from top to bottom are; cube, sphere, cone, cylinder, and square pyramid.)

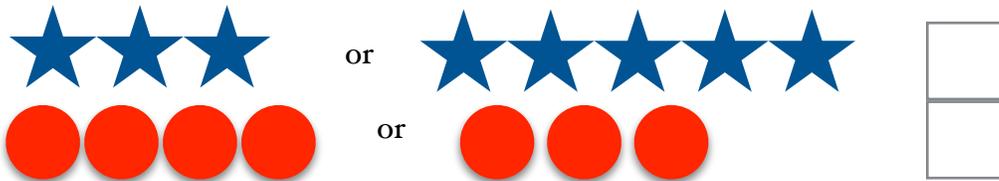


10. Have your child count 10 objects set up in a random group. If your child correctly counts the objects put a check mark in the box to the right.

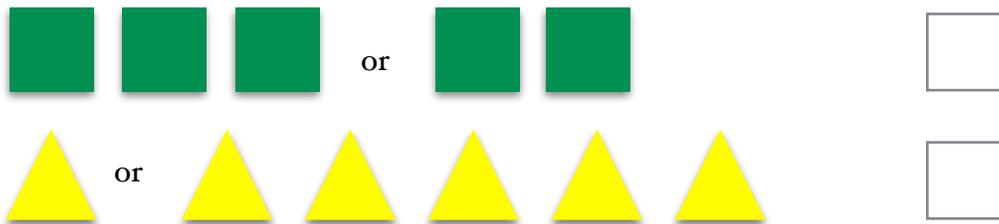
11. Have your child count 20 objects set up in a line. If your child correctly counts the objects put a check mark in the box to the right.

12. Set up 20 objects set up in a group. Ask your child to use the objects in the group to make a separate group of eight objects. If you child correctly makes a group of eight objects put a check mark in the box to the right.

13. Ask your child to identify which group has more. Put a check mark in the box if correct.



14. Ask your child to identify which group has less. Put a check mark in the box if correct.



15. Ask your child to identify which group has more or less. If they notice that they are equal but use the vocabulary “both”, “none”, or something similar or they don’t understand that they are equal, do not put a check mark in the box to the right. Put a check mark in the box if your child recognizes that the groups are equal and uses the term “equal” or “same”.



16. Please provide a scan or photo of the text/book that your child is able to read and understand on their own. If your child can’t read yet, please check the box to the right.

17. Please show the following words to your child and ask them to read the word to you. If your child correctly reads the word put a check mark in the box to the right. If they misread the word or can't read the word leave the box to the right empty. If you child can't read any of the words please put a check mark in the box to the right of "None".

Word	
None	<input type="checkbox"/>
I	<input type="checkbox"/>
and	<input type="checkbox"/>
in	<input type="checkbox"/>
said	<input type="checkbox"/>
is	<input type="checkbox"/>

Word	
see	<input type="checkbox"/>
can	<input type="checkbox"/>
it	<input type="checkbox"/>
the	<input type="checkbox"/>
to	<input type="checkbox"/>

Thank you again for administering this assessment to your child.

Have a great day.

Dave P. Martocchio - [InstructorDave@me.com](mailto:InstructorDave@me.com) or 858-354-9417

Giulia Canepa - [jizzo@sandi.net](mailto:jizzo@sandi.net)

Shasha Williams - [sharareh\\_w@yahoo.com](mailto:sharareh_w@yahoo.com) or 619-985-7124

Rita Ginns - [rginns@sandi.net](mailto:rginns@sandi.net) or 619-794-7934