**New York State Migrant Education Program Early Childhood Academic Tool: *Student Response Sheet***

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student DOB: \_\_\_\_\_\_\_\_\_\_ METS Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Migrant Educator: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pre-test Date: \_\_\_\_\_\_\_\_\_\_\_\_ Age:** [ ]Years [ ]Months **Language used by Educator:** ❑English ❑Spanish ❑Other:\_\_\_\_\_\_\_\_\_

**Posttest Date: \_\_\_\_\_\_\_\_\_\_\_\_ Age:** [ ]Years [ ]Months **Language used by Educator:** ❑English ❑Spanish ❑Other:\_\_\_\_\_\_\_\_\_

**Participates in: ❑MEP Instructional Services\* ❑Other Preschool Program *Note:*** Record all instructional contacts and hours under “Early Childhood”

*\*Administer the NYS MEP Early Childhood Academic Tool to* ***Level 2,*** *P3-P5 students receiving MEP Instructional Services.* **Raw Score**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Area** | **Pts** | **1st Administration: Circle the correct responses. 2nd Administration: Underline the correct responses.** |  | **Pre** | **Post**  |
| **A** | **Personal Data** | **3** | **Answers with:** **1.** First Name **2.** Last Name **3.** Age |  |  |  |
| **B** | **Initial Book Behavior** | **3** | **1**. Holds book right side up **2.** Looks at book from front to back **3.** Turns pages looking at text and pictures |  |  |  |
| **C** | **Emergent Literacy Skills** | **15** | a. Points to pictures: **1 2**  **3** b. Names pictures: **1 2 3** c. Describes actions: **1 2 3** d. Shares comments: **1 2 3** e. Retells the story: **1 2 3***1st Book Title:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *2nd Book Title:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| **D** | **Colors** | **33** | **MATCHES:** **1.**Red **2.**Blue **3.**Yellow **4.**Brown **5.**Black **6.**Orange **7.**Purple **8.**Green **9.**Pink **10.**Gray **11.**White **POINTS TO: 1.**Red **2.**Blue **3.**Yellow **4.**Brown **5.**Black **6.**Orange **7.**Purple **8.**Green **9.**Pink **10.**Gray **11.**White **NAMES:** **1.**Red **2.**Blue **3.**Yellow **4.**Brown **5.**Black **6.**Orange **7.**Purple **8.**Green **9.**Pink **10.**Gray **11.**White  |  |  |  |
| **E** | **Counting** | **30** | **ROTE COUNTS:** **1 2 3 4 5 6 7 8 9 10** ***1:1 CORRESPONDENCE:*** **1 2 3 4 5 6 7 8 9 10** **NAMES THE NUMERAL: 1 2 3 4 5 6 7 8 9 10**  |  |  |  |
| **F** | **Shapes** | **16** | **MATCHES:** **1.** circle **2.**square **3.**rectangle **4.**triangle **POINTS TO:** **5.**circle **6.**square **7.**rectangle **8.**triangle **NAMES:** **1.** circle **2.**square **3.**rectangle **4.**triangle **DRAWS:** **5.**circle **6.**square  **7.**rectangle **8.**triangle  |  |  |  |
| **G** | **Body Parts** | **10** | **Names:** **1.** Head **2.** Legs **3.** Arms **4.** Fingers **5.** Eyes **6.** Ears **7.** Mouth **8.** Nose **9.** Toes **10.** Stomach  |  |  |  |
| **H** | **Scissor Skills** | **3** | **1.** Holds scissors properly **2.** Cuts on a straight line **3.** Cuts on a curved line |  |  |  |
| **I** | **Emergent Writing Skills** | **5** | **1.** Scribbles **2.** Attempts to write letters **3.** Writes letters **4.** Writes name **5.** Names letters in name |  |  |  |
| **J** | **Prepositions** | **8** | **1.** On **2.** Under **3.** Next to **4.** In **5.** Out **6.** In front of **7.** Behind **8.** Between  |  |  |  |
| **K** | **Following Directions** | **3** | **Follows:** **1.** One step directions **2.** Two step directions **3.** Three step directions |  |  |  |
|  |  |  |  **Total Raw Score:** |  |  |  |
|  |  |  | **Final Interpretation Score** (Use the ECA Interpretation Score Sheet) |  |  |  |

**Optional: Early Childhood Supplemental Information *(not scored and not recorded on MIS2000)***

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pre-test Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Migrant Educator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Posttest Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Circle or Underline the Letter Names or Sounds that the student recognizes.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Print Concepts** |  | **Names:** 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**Names:** 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 |  |  |
|  | **Phonics** |  | **Initial Sound:** 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 |  |  |