2026-27 New York State Migrant Education Program Early Childhood Academic Tool: *Student Response Sheet*

Student Name: _____ **Student DOB:** _____

METS Program: _____ **Migrant Educator:** _____

Select the assessment and fill in the date: ☐ **Pretest Date:** _____

☐ **Posttest Date:** _____

	Area	Points	*The student:*	Raw Score
A	Personal Information	3	RESPONDS with their: ☐ First Name ☐ Last Name ☐ Age	
B	Body Parts	4	NAMES: ☐ Head ☐ Legs ☐ Arms ☐ Nose	
C	Colors - *Part 1*	4	*MATCHES:* ☐ Red ☐ Blue ☐ Yellow ☐ Green	
D	Shapes - *Part 1*	4	MATCHES: ☐ Circle ☐ Square ☐ Rectangle ☐ Triangle	
E	Counting	10	ROTE COUNTS in order, without skipping. *(Check the numbers said before skipping.)* ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10	
	Counting	4	READS NUMBER: ☐ 1 ☐ 3 ☐ 2 ☐ 4	
F	Emergent Writing	4	*WRITES NAME:* ☐ 1 pt. Scribbles ☐ 2 pts. Attempts to write letters ☐ 3 pts. Writes letters ☐ 4 pts. Writes name (or first 5 letters)	
C	Colors – *Part 2*	4	*NAMES:* ☐ Red ☐ Blue ☐ Yellow ☐ Green	
D	Shapes - *Part 2*	4	NAMES: ☐ Circle ☐ Square ☐ Rectangle ☐ Triangle	
		41	**Total Raw Score:** Award 1 point for each correct response **except** as noted in Emergent Writing.	0