

MELA Score Sheet

Child: _____ Date: _____

Center: _____

1. Yes No

2. Yes No

3. Yes No

4. Yes No

5. Yes No

6. Yes No

7. Yes No

8. Yes No

9. Yes No

10. Yes No

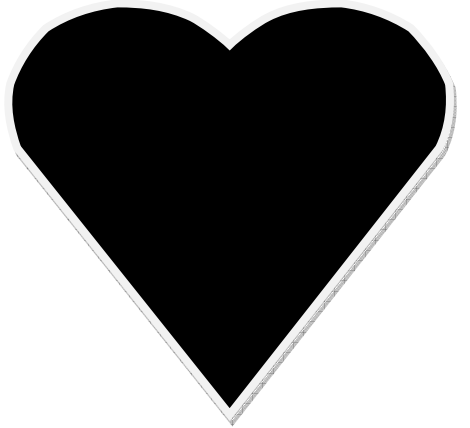
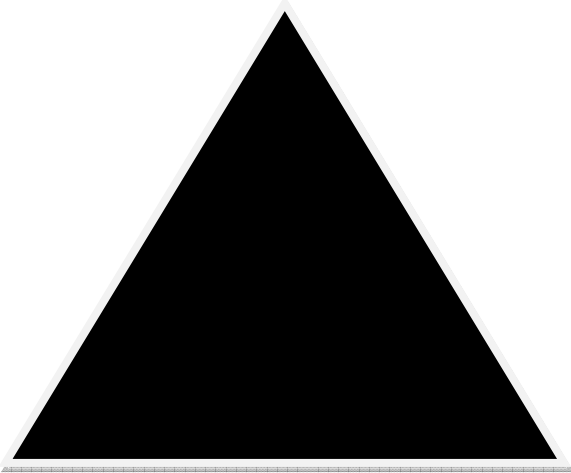
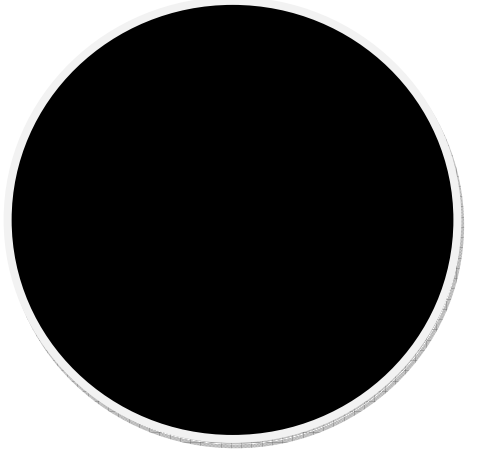
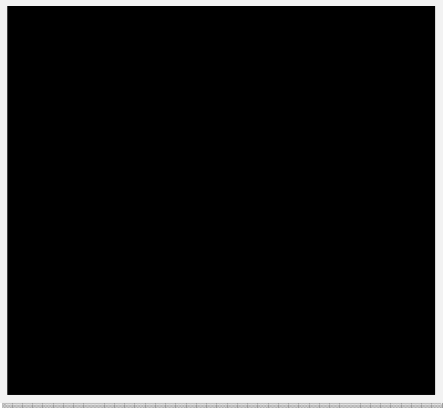
11. Yes No

12. Yes No

13. Yes No

14. Yes No

15. Yes No



Math Test: This should flow a lot like the LELA...

Show the child the shapes page.

1. Show me the circle.
2. Show me the square.
3. Show me the triangle.

Pull out 4 bears, any size, one of each color.

4. Show me a red bear.
5. Show me a blue bear.
6. Show me a green bear.
7. Show me a yellow bear.
8. Count the bears for me...(4)

Pull out a small, medium and large bear all of the same color, NOT in size order.

9. Show me the small bear.
10. Show me the medium bear.
11. Show me the large bear.
12. Count these bears for me. (3)

Make 2 piles of bears, one pile of 3 and one of 7.

13. Show me the pile with more.
14. Show me the pile with less.
15. Can you make them equal? (2 piles of 5)

Letter Recognition: Uppercase

Directions: Circle each letter that the child knows by name.

Z A Y B X C W

D V E U F T G

S H R I Q J P

K O L N M

Child's Name _____

Center _____ Date _____

Assessor _____ Total Correct _____

Letter Recognition: Lowercase

z a y b x c w

d v e u f t g

s h r i q j p

k o l n m

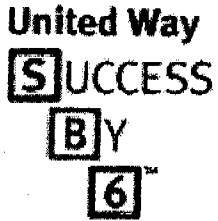
Child writes name here

Total Correct _____

SB6 Unit Plans

Theme _____ Teacher _____ Month _____

	Week 1	Week 2	Week 3	Week 4
Song & Poem Time				
Shared Reading				
Individualizing				
Centers Dramatic Play				
Science				
Writing				
Art				
Books & Listening				
Math				
Blocks				



RELEASE OF INFORMATION

I, _____, authorize United Way of Central Alabama Success By 6 to release information on my child _____ to an agency or school that may be able to assist my child in receiving early intervention and other related services that will help prepare him/her for school. Information released may include health or developmental screening results, and other information pertinent to my child's physical, emotional, or social needs such as disabilities, teacher reports, medications and any other information a parent may feel important for a service provider to know.

I understand that at any time I can revoke this release of information by calling Amber McKinstry at 205-458-2176.

Child's Center _____

Child's Name _____

Child's Date of Birth _____

Address _____

City _____ Zip _____

Phone _____

Alternative Phone _____

E-mail _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____



PERMISSION TO PARTICIPATE

I, _____, grant permission for my child, _____, to
(Please Print) (Please Print)

participate in the following evaluation and testing for Success By 6. All testing/evaluations and materials will be at no cost to me. I understand that a separate permission form may be required by an independent testing organization.

_____ AGS Early Screening Profile (*Language/Cognitive Development & Articulation*)

_____ Health Screenings: *Vision and Dental*

_____ Teacher Training (*i.e. classroom observations and in-class activities*)

_____ Books and other literacy information for your child

Parent/Guardian Signature

Date

Center

(Please Print)



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(Serving Jefferson, Shelby, Walker,
Blount and St. Clair Counties)

United Way of Central Alabama Inc.
INTERVIEW/PHOTOGRAPHY CONSENT FORM

I, Parent of _____ (Child's Name) hereby gives consent for my child to be interviewed, videotaped and/or photographed by the United Way of Central Alabama, Inc. ("United Way") or any other media representative concerning the operation of the United Way or any of its agencies or programs. I hereby give United Way an absolute and irrevocable right and permission to use any interview, videotape or photograph of my child in any manner whatsoever, including, but not limited to, the United Way's right to reuse, publish and republish said interview, videotape or photograph or any other information about me in whole or in part, individually or in conjunction with other information in any medium whatsoever.

On behalf of myself, my family, my heirs, executors and assigns, I hereby release and discharge the United Way from any and all claims, liability, or demands of whatsoever kind or nature arising out of or in connection with the use of any interview, videotape or photograph which I have consented to herein.

I have read the statement above and fully understand its contents.

Parent Signature: _____

Child's Name: _____

Home address: _____

City, State, Zip _____

Date: _____ Witness: _____

Please remember United Way in your will or estate plan, and please tell us when you do.
United Way Mission: To increase the organized capacity of people to care for one another.