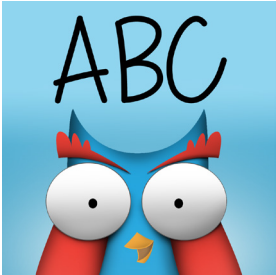


Name \_\_\_\_\_



### ABC CAPITALS

<input type="checkbox"/>	A			<input type="checkbox"/>			
<input type="checkbox"/>	E			<input type="checkbox"/>			
<input type="checkbox"/>	S			<input type="checkbox"/>			

### abc lowercase

<input type="checkbox"/>	h			<input type="checkbox"/>			
<input type="checkbox"/>	p			<input type="checkbox"/>			
<input type="checkbox"/>				<input type="checkbox"/>			

### Words

#### Phonics

<input type="checkbox"/>	cat		
<input type="checkbox"/>	fin		
<input type="checkbox"/>			
<input type="checkbox"/>			

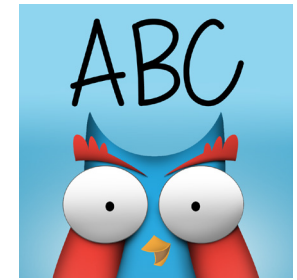
#### Sight

<input type="checkbox"/>	the		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

#### My Words!

<input type="checkbox"/>	jacob		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Name Jacob



ABC CAPITALS

<input checked="" type="checkbox"/>	A			<input type="checkbox"/>			
<input checked="" type="checkbox"/>	E			<input type="checkbox"/>			
<input checked="" type="checkbox"/>	S			<input type="checkbox"/>			

abc lowercase

<input checked="" type="checkbox"/>	h			<input type="checkbox"/>			
<input checked="" type="checkbox"/>	p			<input type="checkbox"/>			
<input type="checkbox"/>				<input type="checkbox"/>			

Words

Phonics

Sight

My Words!

<input checked="" type="checkbox"/>	cat		
<input checked="" type="checkbox"/>	fin		
<input type="checkbox"/>			
<input type="checkbox"/>			

<input checked="" type="checkbox"/>	the		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

<input checked="" type="checkbox"/>	jacob		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

# Example of Filled in Ollie App Comprehensive Teacher Checklist



Student Jacob Smith Teacher Mrs. Apple Grade K

Letter	Date Practiced										Mastered?
A	9/13	9/17	9/28	10/8	10/23	11/3	11/11				<input checked="" type="checkbox"/> 11/11
B											<input type="checkbox"/>
C											<input type="checkbox"/>
D											<input type="checkbox"/>
E											<input type="checkbox"/>
F											<input type="checkbox"/>
G											<input type="checkbox"/>

Use a system like circling a date to show that the student practiced the letter with the outline on.

MY WORDS											
word	Date Practiced										Mastered?
jacob	9/17	9/28	10/1								<input type="checkbox"/>
like	10/1										<input type="checkbox"/>
play	10/3										<input type="checkbox"/>
robot	10/3										<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>
											<input type="checkbox"/>