

eKidSkills-at-a-Glance

eKidSkills™

Please type in your first and last name and press the Enter or the Return key.

Pick a Tool!

Getting Organized Melissa	Learning New Stuff Phillip
Doing Homework Adam	Doing Projects Danielle

Backpacker

My Stuff at School	My Backpack for Home
Books Science, Math, Language Arts, Health, Social Studies, Reading, Library Book, Spelling	
Supplies pencils, pens, notebook, paper	scissors, glue, ruler
Other gym clothes, journal, protect stuff, notes, home, music, stuff	lunch money, lunch bag, worksheets, planner, art work

Daily Checklist

Subject	Stuff Needed
Reading	<input type="checkbox"/> book <input type="checkbox"/> notebook <input type="checkbox"/> pencil <input type="checkbox"/> homework other
Language Arts	<input type="checkbox"/> book <input type="checkbox"/> notebook <input type="checkbox"/> pencil <input type="checkbox"/> homework other
Math	<input type="checkbox"/> book <input type="checkbox"/> notebook <input type="checkbox"/> pencil <input type="checkbox"/> homework other
Social Studies	<input type="checkbox"/> book <input type="checkbox"/> notebook <input type="checkbox"/> pencil <input type="checkbox"/> homework other
Science	<input type="checkbox"/> book <input type="checkbox"/> notebook <input type="checkbox"/> pencil <input type="checkbox"/> homework other
Other:	<input type="checkbox"/> book <input type="checkbox"/> notebook <input type="checkbox"/> pencil <input type="checkbox"/> homework other
Specials	
Lunch	<input type="checkbox"/> lunch/ticket <input type="checkbox"/> lunch bag
Other:	<input type="checkbox"/> book <input type="checkbox"/> notebook <input type="checkbox"/> pencil <input type="checkbox"/> homework other
Other:	<input type="checkbox"/> book <input type="checkbox"/> notebook <input type="checkbox"/> pencil <input type="checkbox"/> homework other
Other:	<input type="checkbox"/> book <input type="checkbox"/> notebook <input type="checkbox"/> pencil <input type="checkbox"/> homework other

Assignment Card

Class	Need to Do	By	Done
Reading			
Language Arts			
Math			
Social Studies			
Science			

Teacher Signature: _____ Parent Signature: _____
 Name: Katie Smith Date: 5/19/2011

Note Home

Dear _____

I need to do:

I need to bring:

I need your help to:

Please call:

Name: Katie Smith Date: 5/19/2011

KWL Chart

Class: _____ Topic: _____

What I **K**now:

What I **W**ant to Learn:

Source:

What I **L**earned:

Name: Katie Smith Date: 5/19/2011

New Words

Class: _____ Lesson: _____

Word	Meaning	My Own Words
1.		
2.		
3.		
4.		
5.		

Name: Katie Smith Date: 5/19/2011

Text Organizer

Class: _____ Section: _____

Source: _____ Pages: _____

Topic: _____

-
-
-
-
-
-

Name: Katie Smith Date: 5/19/2011

Star Points Card

Class: _____ Topic: _____

Name: Katie Smith Date: 5/19/2011

Chunker

Class: _____

Sub-Topic: _____ Topic: _____ Sub-Topic: _____

Name: Katie Smith Date: 5/19/2011

Homework Planner

Before Dinner	Monday	Tuesday	Wednesday	Thursday	Friday
After Dinner					
Week-End	Saturday	Sunday			

Name: Katie Smith Date: 5/19/2011

Schedule Maker

Dates: _____ Dates: _____

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Name: Katie Smith Date: 5/19/2011

Flashcards

Class: _____ Topic: _____

Name: Katie Smith Date: 5/19/2011

Homework Contract

Assignment	Due Date	Goal	Done?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Bonus: _____ Penalty: _____

(Student) _____ (Teacher) _____ (Witness) _____

Name: Katie Smith Date: 5/19/2011

Project Planner

Class: _____ Team: Just Me Others: _____ Topic: _____

What is the purpose:

What is the product:

What are the steps:

-
-
-
-
-
-

Name: Katie Smith Date: 5/19/2011

Getting Information Card

Class: _____ Subject: _____ Topic: _____ Source: _____ Evaluation *

1. _____
2. _____
3. _____
4. _____
5. _____

* Evaluating Information 1 = Don't Know 2 = Opinion 3 = Authority 4 = Fact

Name: Katie Smith Date: 5/19/2011

Big Picture Card

Class: _____ Project: _____

Purpose of project:

Parts of my project:

- I learned...
- I learned...
- I learned...

Summary:

Name: Katie Smith Date: 5/19/2011

Working Together Card

Project: _____ Others: _____

To be a good group member, did I...	Yes	Partly	No
1. Come to the group with my part done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Stay in the group area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Pay attention to the group activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Tell my ideas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Listen to the ideas made by others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Think about the ideas made by others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ask questions if I did not understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Agree to the plan made by the group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Offer to do my share of the work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name: Katie Smith Date: 5/19/2011

Project Evaluation Card

Class: _____ Project Name: _____ Topic: _____

What are the good things about this project?

What can be improved on this project?

What is my plan to improve this project?

Name: Katie Smith Date: 5/19/2011