

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

Assignment Card

Class	Need to Do	By	Done
Reading	<input type="checkbox"/>		<input type="checkbox"/>
Language Arts	<input type="checkbox"/>		<input type="checkbox"/>
Math	<input type="checkbox"/>		<input type="checkbox"/>
Social Studies	<input type="checkbox"/>		<input type="checkbox"/>
Science	<input type="checkbox"/>		<input type="checkbox"/>

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. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week-End	Saturday	Sunday			

Name: Katie Smith Date: 5/19/2011

Schedule Maker

Dates: _____ Dates: _____

Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>

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"/>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No

Bonus: _____ Penalty: _____

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

Name: Katie Smith Date: 5/19/2011

Project Planner

Class: _____ Topic: _____

Team: Just Me Others: _____

What is the purpose: _____

What is the product: _____

What are the steps:

- _____
- _____
- _____
- _____
- _____
- _____

Name: Katie Smith Date: 5/19/2011

Getting Information Card

Class: _____ Topic: _____

Subject	Source	Evaluation*
1. _____	1. _____	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4
2. _____	1. _____	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4

* 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: _____ Topic: _____

Project Name: _____

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