

CHILD'S TITLE OF CREATION _____

CHILD'S FIRST NAME _____

CHILD'S AGE _____

TEACHER'S FIRST AND LAST NAME _____

SITE/PROGRAM: _____

(Program Name)

_____ (address)

_____ (city)

_____ (state)

_____ (zip)

MEDIA/Materials USED: _____

Description of child's process: _____

ILLINOIS EARLY LEARNING AND DEVELOPMENT STANDARDS

State Goals: _____

Benchmarks: _____

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