Schule/Koop.-lehrkraft:

Kind: Name, Vorname, Geb.-Datum, Kita

**Reflexionsbogen für Kooperationslehrkräfte SSA Heilbronn: Beobachtungen und Dokumentation zur Schulbereitschaft**

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| **Basis-Kompetenzen** | **Datum:** | | | | | | | | **Datum:** | | | | | | | **Datum:** | | | | | **Ergänzungen** | **Keine ausreichende Beobachtung möglich** |
| **Kognitive Kompetenzen** | ++ | + | | | | o | - | - - | ++ | | + | o | - | | - - | ++ | + | o | - | - - |  |  |
| Richtig sprechen / Laute |  |  | | |  | |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |
| Sprechfähigkeit / Sätze |  |  | | |  | |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |
| Bildergeschichten erzählen |  |  | | |  | |  |  |  | |  |  |  |  | |  |  |  |  |  |  |  |
| Wortschatz |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Verstehen und umsetzen |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Wörter nachsprechen |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Anlaute wiedergeben |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Inlaute wiedergeben |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Laute unterscheiden |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Silben sprechen / Silben klatschen |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Reimwörter finden |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Bilder / Gegenstände merken |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Mehrsilbige Fantasiewörter nachsprechen |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
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| Farben benennen |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Formen unterscheiden |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Sortieren nach Merkmalen + Größen |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Muster nachlegen / fortsetzen |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Vorwärtszählen bis 10 / 20 |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Weiterzählen |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Rückwärtszählen ab 10 / 20 |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Mengen unterscheiden < > |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Mengen simultan erfassen |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Würfelbilder erkennen |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Sortieren nach Merkmalen + Größen |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
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| **Motorische Kompetenzen** | | | | | | | | | | | | | | | | | | | | | | |
| Hampelmann |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Balancieren |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Beidhändig werfen / fangen |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Rückwärts gehen |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| **Basis-Kompetenzen** | **Datum:** | | | | | | | | **Datum:** | | | | | | | **Datum:** | | | | | **Ergänzungen** | **Keine ausreichende Beobachtung möglich** |
|  | ++ | | + | o | | | - | - - | ++ | + | | o | - | - - | | ++ | + | O | - | - - |  |  |
| Stifthaltung - Dreipunktgriff |  | |  |  | | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Zeichnen / Malen |  | |  |  | | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Ausschneiden |  | |  |  | | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Falten nach Vorlage |  | |  |  | | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Unterscheidung re-li |  | |  |  | | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Handdominanz klar? | ja nein | | | | | | | | ja nein | | | | | | | ja nein | | | | |  |  |
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| **Sozial-emotionale Kompetenzen** | | | | | | | | | | | | | | | | | | | | | | |
| Kontaktfähigkeit |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Kommunikationsfähigkeit |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Eigene Meinung äußern |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Akzeptanz anderer Meinungen |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Umgang mit Regeln |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Konfliktverhalten |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Soziale Sensibilität |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
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| **Volitional-motivationale Kompetenzen** | | | | | | | | | | | | | | | | | | | | | | |
| Neugierde / Fragehaltung |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Anstrengungsbereitschaft |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Selbständigkeit |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Konzentration (Aufmerksamkeit) |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Ausdauer |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Selbstkonzept |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
| Umgang mit Misserfolg |  |  | | |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |  |  |
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| **Basis-Kompetenzen** | **Altersgemäß** | **Keine ausreichende Beobachtung möglich** |
| 1. Kognitive Kompetenzen |  |  |
| 1. Motorische Kompetenzen |  |  |
| 1. Sozial-emotionale Kompetenzen |  |  |
| 1. Volitional-motivationale Kompetenzen |  |  |

Mögliche Fördermaßnahmen:

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Ort, Datum, Unterschrift Koop.-lehrkraft

Ich bestätige, dass die oben gemachten Angaben im Rahmen, der mir mit dem Kind möglichen Kooperation, erhoben wurden.