AMERICAN SIGN LANGUAGE · PRACTICE AND GOALS · GRADES 2–5

Check My Handshapes

Look in a mirror or ask a partner. Check off each letter you can make clearly.

Name: _____ **Date:** _____



Make each letter. Check the first box if you can make it. Check the second box if a partner can read it.

Letter	Hand	I can	Partner
A		☐	☐
B		☐	☐
C		☐	☐
D		☐	☐
E		☐	☐
F		☐	☐
G		☐	☐
H		☐	☐
I		☐	☐
J		☐	☐
K		☐	☐
L		☐	☐
M		☐	☐

Letter	Hand	I can	Partner
N		☐	☐
O		☐	☐
P		☐	☐
Q		☐	☐
R		☐	☐
S		☐	☐
T		☐	☐
U		☐	☐
V		☐	☐
W		☐	☐
X		☐	☐
Y		☐	☐
Z		☐	☐

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