

Individual Full Battery – Mastery by End of Kinder or First Grade

Name: _____ Age: _____ Grade: _____ Teacher: _____ Date: _____

Lower Case				Upper Case				Observations
Letter	Sound?	Word?	Name?	Letter	Sound?	Word?	Name?	Note
c				A				
m				F				
a				K				
t				P				
s				W				
r				Z				
i				B				
p				H				
g				O				
f				J				
b				U				
a				C				
o				Y				
h				L				
j				Q				
x				M				
v				D				
l				N				
d				S				
w				X				
g				I				
u				E				
n				G				
e				R				
k				V				
q				T				
z								
y								
								Question Prompts
								1. What sound is this?
								2. Can you think of a word that starts with (sound)?
								3. What is this letters name? or What do we call it?
	/28		/28		/26		/26	Correct responses = ✓ Incorrect record as blank if no response, otherwise, write what child says. Note long pauses.

Class Letter Sound Assessment - Teacher: _____ Assessment Dates: _____ Year: _____

Print front and back. I have used colored pencils to do multiple observations of entire class on one form. Children's names go in first row. 10 students per page. Use ✓ for correct response. Incorrect record as blank if no response, otherwise, write what child says. Note long pauses.

Letter	Sound?	Name?	Sound?	Name?	Sound?	Name?	Sound?	Name?	Sound?	Name?	Sound?	Name?	Sound?	Name?	Sound?	Name?	Sound?	Name?	Sound?	Name?
c																				
m																				
a																				
t																				
s																				
r																				
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n																				
e																				
k																				
q																				
z																				
y																				
	/28	/28	/28	/28	/28	/28	/28	/28	/28	/28	/28	/28	/28	/28	/28	/28	/28	/28	/28	/28

Question Prompts - 1. What sound is this? 2. Can you think of a word that starts with (sound)? 3. What is this letters name? or What do we call it?