

# **FIRST GRADE BASELINE EVALUATION**

The **First Grade Baseline Evaluation** is an optional tool that can be used at the beginning of the school year to help teachers get to know the reading and language skills of each student. The evaluation is composed of seven screenings. Teachers may use the entire evaluation or choose to use those individual screenings that they find most beneficial for their students. The information can aid teachers in planning instruction that will meet the needs of each student.

The **First Grade Baseline Evaluation** is designed to be given individually to students. It can be used to provide a baseline of a student's reading skills at the beginning of the school year. Because the assessed skills will continue to develop over time, this evaluation may be used multiple times throughout the year to monitor progress. This will allow a teacher to tailor instruction most appropriately.

The **First Grade Baseline Evaluation** addresses skills based on *Indiana's Academic Standards – Grade 1*.

The evaluation covers skills in:

- ❖ Letter Identification
- ❖ Letter Sound Identification
- ❖ Phonemic Awareness
- ❖ Sight Word Identification
- ❖ Dictation
- ❖ Reading Comprehension
- ❖ Listening Comprehension

The **First Grade Baseline Evaluation** is *not* intended to show mastery of standards. *Day-to-day observations of students in conjunction with direct assessments should be used to determine mastery of standards.*

The **First Grade Baseline Evaluation** is *not* intended to identify students for special education services.

*The results of the **First Grade Baseline Evaluation** may identify students who exhibit extreme difficulty with certain tasks or who display performance far beyond what is expected for their age. These students may require further monitoring or assessment.*

Teachers who would like to assess their students' skills in reading and math may wish to use the **First Grade Pre-Screening**.



# First Grade Baseline Evaluation

Date 1: \_\_\_\_\_

Student Name: \_\_\_\_\_

☐ male

Date 2: \_\_\_\_\_

☐ female

Birthdate: \_\_\_\_\_

Date 3: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

School: \_\_\_\_\_

		Still Developing	Developed
<b>Letter Identification Screening 1</b> 1.1.2	Score _____	0 5 10 15 20 25 30 35 40 42 45 50 52	
	Retest _____		
	Retest _____		
<b>Sound Identification Screening 2</b> 1.1.2	Score _____	0 5 10 15 20 21 25 26	
	Retest _____		
	Retest _____		
<b>Phonemic Awareness Screening 3</b> K.1.13, 1.1.4, 1.1.7, 1.1.9	Score _____	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	
	Retest _____		
	Retest _____		
<b>Sight Word Identification Screening 4</b> 1.1.11	Score _____	0 5 10 15 19 20 25	
	Retest _____		
	Retest _____		
<b>Dictation Screening 5</b> 1.1.1, 1.1.4	Score _____	0 2 4 6 8 10 12 14 15 16 18 20	
	Retest _____		
	Retest _____		
<b>Reading Comprehension Screening 6</b> 1.1.11, 1.1.12, 1.2.5	Score _____	0 1 2 3 4 5	
	Retest _____		
	Retest _____		
<b>Listening Comprehension Screening 7</b> 1.2.3, 1.7.1	Score _____	0 1 2 3 4	
	Retest _____		
	Retest _____		



# Letter and Sound Identification

Screenings  
1&2

## How to Administer the Screening

[1.1.2]

Screening 1 (*Letter Identification*) and Screening 2 (*Sound Identification*) are combined on the recording sheets to simplify the administration of the screenings.

## **Letter and Sound Identification**

Show the student the **Letter and Sound Identification: Student Form A**. Use a sheet of paper to cover all the letters except those in the first row.

Point to each letter.

Say: What letter is this? What sound does it make?

Mark the student's response under the corresponding letter on the **Letter and Sound Identification Recording Sheet**. Continue the rest of the assessment in the same manner, moving the sheet of paper below each line to be named, and recording each response on the recording sheet.

If a letter has more than one sound, accept any correct sound for the letter. You may want to record the answer for later reference.

If the student states a letter or sound incorrectly, write the letter or sound the student states under the letter.

When the student has completed the **Letter and Sound Identification: Student Form A**, continue the screening using the **Letter Identification: Student Form B** to assess lowercase letter knowledge.

Say: What letter is this?

Mark the student response under the corresponding letter on the **Letter and Sound Identification Recording Sheet**.

**Struggling Students:** If the student is unable to name the letters in the first row, prompt him/her to identify specific letters. If the student is still struggling, show the student letters from his/her name to identify. You may also want to ask if he/she knows any letter sounds. **Stop** the *Letter and Sound Identification* screenings if the student is frustrated, unsuccessful, or appears not to know any letters or letter sounds.

# Letter and Sound Identification

Screenings  
1&2

## Recording Sheet A [1.1.2]

Date \_\_\_\_\_ Optional Retest Date \_\_\_\_\_ Optional Retest Date \_\_\_\_\_

<p><b>K</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>M</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>P</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>S</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>T</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>
<p><b>V</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>Z</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>A</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>B</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>F</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>
<p><b>G</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>I</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>J</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>L</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>N</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>
<p><b>O</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>Q</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>R</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>Y</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>C</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>
<p><b>D</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>E</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>H</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>U</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>W</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>
<p><b>X</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>V</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>Z</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>A</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>	<p><b>B</b></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound</p> <p><u>OPTIONAL RETESTS</u></p> <p><input type="checkbox"/> Letter <input type="checkbox"/> Sound <input type="checkbox"/> Letter <input type="checkbox"/> Sound</p>

Letter and Sound Identification: Student Form A

K M P S T

V Z A B F

G I J L N

O Q R Y C

D E H U W X

Letter Identification: Student Form B

k m p s t

v z a b f

g i j l n

o q r y c

d e h u w x



# Letter and Sound Identification

Screenings  
1&2

Recording Sheet B [1.1.2]

k

☐ Letter

OPTIONAL RETESTS

☐ Letter

☐ Letter

m

☐ Letter

OPTIONAL RETESTS

☐ Letter

☐ Letter

p

☐ Letter

OPTIONAL RETESTS

☐ Letter

☐ Letter

s

☐ Letter

OPTIONAL RETESTS

☐ Letter

☐ Letter

t

☐ Letter

OPTIONAL RETESTS

☐ Letter

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v

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OPTIONAL RETESTS

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a

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OPTIONAL RETESTS

☐ Letter

☐ Letter

w

☐ Letter

OPTIONAL RETESTS

☐ Letter

☐ Letter

x

☐ Letter

OPTIONAL RETESTS

☐ Letter

☐ Letter

Letter Identification total     /52    

Sound Identification total     /26    

Optional Retest     /52    

Optional Retest     /26    

Optional Retest     /52    

Optional Retest     /26

# Phonemic Awareness

Screening  
3

## How to Administer the Screening

The *Phonemic Awareness* screening is composed of five parts: *Beginning Sounds*, *Rhyming*, *Syllables*, *Sound Segmentation*, and *Phoneme Blending*. The screening should be done with the student in close proximity to the teacher so that all words can be clearly heard. Directions for each part are located below.

Date \_\_\_\_\_ Optional Retest Date \_\_\_\_\_ Optional Retest Date \_\_\_\_\_

### Beginning Sounds

Say: You are going to listen to the beginning sounds in words. *Ball*, *baby*, and *bell* start with the same beginning sound of /b/. *Basket* is another word that starts with /b/.

		Correct
1.	[1.1.4] Say: <i>man, march, more</i> Tell me another word that starts with the same beginning sound as these words. <u>Comments:</u>	<input type="checkbox"/> yes <input type="checkbox"/> no OPTIONAL RETESTS <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
2.	[1.1.4] Say: <i>door, dog, dance</i> Tell me another word that starts with the same beginning sound as these words. <u>Comments:</u>	<input type="checkbox"/> yes <input type="checkbox"/> no OPTIONAL RETESTS <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
3.	[1.1.4] Say: <i>girl, goat, good</i> Tell me another word that starts with the same beginning sound as these words. <u>Comments:</u>	<input type="checkbox"/> yes <input type="checkbox"/> no OPTIONAL RETESTS <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no

### Rhyming

Say: You are going to listen to rhyming words and tell me another rhyming word. *Tree* and *bee* rhyme. Another word that rhymes with *tree* and *bee* is *we*.

4.	[1.1.7] Say: <i>Book</i> and <i>hook</i> rhyme. Tell me another word that rhymes with <i>book</i> and <i>hook</i> . <u>Comments:</u>	<input type="checkbox"/> yes <input type="checkbox"/> no OPTIONAL RETESTS <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
5.	[1.1.7] Say: <i>Train</i> and <i>cane</i> rhyme. Tell me another word that rhymes with <i>train</i> and <i>cane</i> . <u>Comments:</u>	<input type="checkbox"/> yes <input type="checkbox"/> no OPTIONAL RETESTS <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
6.	[1.1.7] Say: <i>Sip</i> and <i>kip</i> rhyme. Tell me another word that rhymes with <i>sip</i> and <i>kip</i> . <u>Comments:</u>	<input type="checkbox"/> yes <input type="checkbox"/> no OPTIONAL RETESTS <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no

# Phonemic Awareness

Screening  
3

## Syllables

Say: You are going to listen to words and count the syllables or word parts. The word *sandal* has two syllables: *san-dal*.

			Correct
7.	[K.1.13]	Say: How many syllables do you hear in the word <i>flower</i> ? <u>Comments:</u>	2 <input type="checkbox"/> yes <input type="checkbox"/> no OPTIONAL RETESTS <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
8.	[K.1.13]	Say: How many syllables do you hear in the word <i>computer</i> ? <u>Comments:</u>	3 <input type="checkbox"/> yes <input type="checkbox"/> no OPTIONAL RETESTS <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
9.	[K.1.13]	Say: How many syllables do you hear in the word <i>elephant</i> ? <u>Comments:</u>	3 <input type="checkbox"/> yes <input type="checkbox"/> no OPTIONAL RETESTS <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no

## Sound Segmentation

Say: You are going to listen to words and tell me the sounds you hear. The sounds you hear in the word *dog* are /d/ /ŏ/ /g/.

10.	[1.1.4]	Say: Tell me each sound you hear in the word <i>phone</i> . <u>Comments:</u>	/f/ /ŏ/ /n/ <input type="checkbox"/> yes <input type="checkbox"/> no OPTIONAL RETESTS <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
11.	[1.1.4]	Say: Tell me each sound you hear in the word <i>slip</i> . <u>Comments:</u>	/s/ /l/ /p/ <input type="checkbox"/> yes <input type="checkbox"/> no OPTIONAL RETESTS <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
12.	[1.1.4]	Say: Tell me each sound you hear in the word <i>leaf</i> . <u>Comments:</u>	/l/ /ē/ /f/ <input type="checkbox"/> yes <input type="checkbox"/> no OPTIONAL RETESTS <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no

# Phonemic Awareness

Screening  
3

## Phoneme Blending

Say: You are going to listen to sounds and blend the sounds together to make a word.

			Correct
13. [1.1.9]	Say: /m/ /ă/ /p/ What word is this? <u>Comments:</u>	map	<input type="checkbox"/> yes <input type="checkbox"/> no OPTIONAL RETESTS <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
14. [1.1.9]	Say: /k/ /ī/ /t/ What word is this? <u>Comments:</u>	kite	<input type="checkbox"/> yes <input type="checkbox"/> no OPTIONAL RETESTS <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
15. [1.1.9]	Say: /w/ /ē/ /ll/ What word is this? <u>Comments:</u>	well	<input type="checkbox"/> yes <input type="checkbox"/> no OPTIONAL RETESTS <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no

Phonemic Awareness total     /15    Optional Retest     /15    Optional Retest     /15

# Dictation

Screening  
5

## How to Administer the Screening

[1.1.4], [1.1.1]

Have the student write the sentence you read. Show the student the *Dictation: Student Form D*.

Date \_\_\_\_\_ Optional Retest Date \_\_\_\_\_ Optional Retest Date \_\_\_\_\_

**Say:** You are going to write a sentence that I read aloud. Listen carefully to the sentence I read. When I am done reading the sentence, I will read it again slowly and you will write down each word that I say.

*Show students where they will begin writing.*

**Say:** Now I will read the sentence. **Let's go ride on the fast bus.**

*Read the sentence without pausing. Reread the sentence, pausing between each word as students write each word on the lines. Repeat the words as often as needed for students.*

### Scoring

- Each sound (phoneme) in the sentence is worth one point. There are 20 phonemes in the sentence for a total of 20 points.
- Phonetically-spelled sounds count as correct, even if the words are not spelled correctly.
- Non-standard spellings (e.g., shoo instead of shoe) count as correct.
- There is no penalty for extra letters (e.g., bagg instead of bad), backward letters (e.g., Dab instead of Dad), and punctuation errors (e.g., do'nt instead of don't).
- Students with standard spellings may end up with the same score as those who include non-standard spellings. A scoring chart lists responses worth one point for each sound.
- Teachers may accept any student responses that they feel are adequate phonetic representations of the phonemes.

*Let's go ride on the fast bus.*

# of Phonemes	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Dictation	L	e	t	s	g	o	r	i	de	o	n	th	e	f	a	s	t	b	u	s
Acceptable Phonetic Responses	L	e eh	t	s z	g	o oa oe oo	r	i ie iy	de d	o ah aw	n	th	e u ee uh	f	a	s	t	b	u uh	s

Student examples and scores:

7 point answer

L G R O T F B  
✓ ✓ ✓ ✓ ✓ ✓ ✓  
-----  
-----

12 point answer

L t g r d a t h --  
✓ ✓ ✓ ✓ ✓ ✓ ✓  
F a s t b u s -----  
✓ ✓ ✓ ✓

16 point answer

L i t s g o r i d n t h  
✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓  
F a s t b u s -----  
✓ ✓ ✓ ✓

Dictation total 14 /20

Optional Retest 12 /20

Optional Retest 16 /20

# Sight Word Identification

Screening  
4

## How to Administer the Screening

Have the student read the list of sight words. Show the student the **Sight Word Identification: Student Form C**. Use a sheet of paper to cover the words, only showing the student one column at a time.

Say: Now you are going to read words. If you do not know a word you may skip the word and go to the next word.

Point to the first word.

Say: What word is this?

Mark the student's correct response with a check (✓) mark next to the corresponding word on the **Sight Word Identification Recording Sheet**. If the student states a word incorrectly, write the word the student states in the Comments space provided.

Continue the rest of the assessment in the same manner, moving the sheet of paper below each word to be read, and recording each response on the recording sheet.

**Struggling Students:** If the student is unable to read the first few words, prompt him or her to see if there are any words that he or she knows. **Stop the Sight Word Identification** screening if the student is frustrated, unsuccessful, or appears to not know any words on the page.

## Recording Sheet [1.1.11]

Date \_\_\_\_\_ Optional Retest Date \_\_\_\_\_

Optional Retest Date \_\_\_\_\_

SIGHT WORD	✓	Optional Retest	Optional Retest	Comments
all				
am				
at				
who				
with				
she				
they				
was				
want				
out				
now				
for				
our				
is				
saw				
soon				
there				
this				
that				
what				
friend				
went				
will				
said				
he				

Sight Word Identification total \_\_\_\_/25

Optional Retest \_\_\_\_/25

Optional Retest \_\_\_\_/25

[illegible]

Date: \_\_\_\_\_

Sight Word Identification: Student Form C

all

she

now

soon

friend

am

they

for

there

went

at

was

our

this

will

who

want

is

that

said

with

out

saw

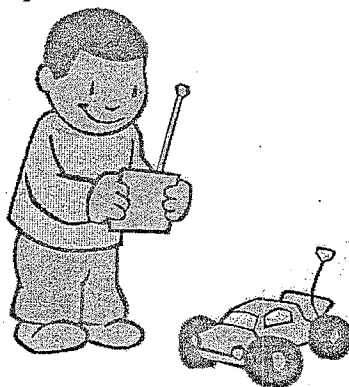
what

he



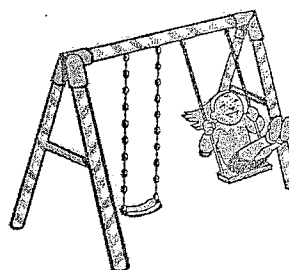
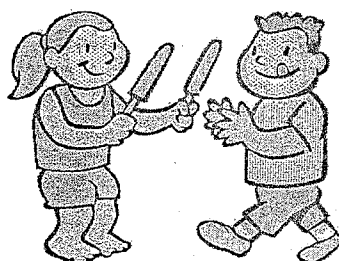
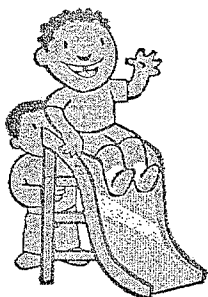
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I like to play with my toys.



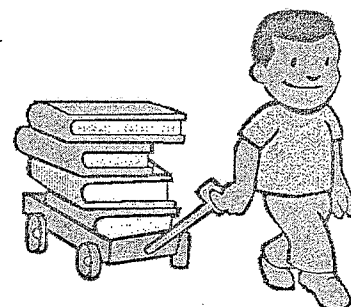
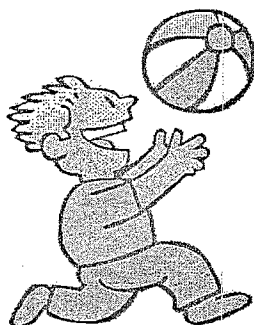
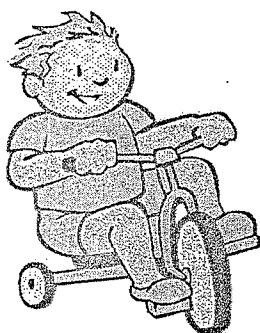
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They walk to the swings.



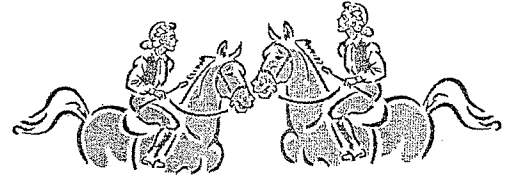
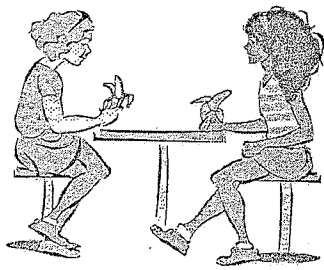
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He rides on his bike.



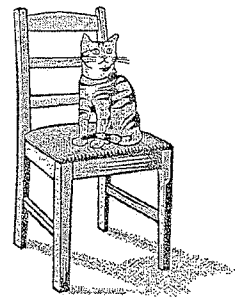
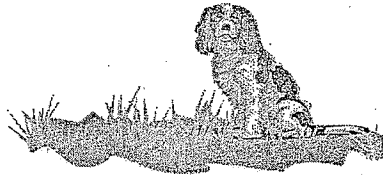
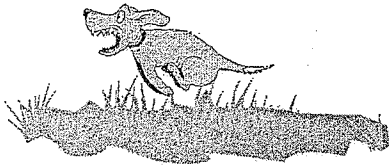
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Two girls eat bananas.



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The dog sits in the grass.



# Reading Comprehension

Screening  
6

## How to Administer the Screening

[1.1.11], [1.1.12], [1.2.5]

Have the student read each sentence and circle the correct picture. Show the student the *Reading Comprehension: Student Form E*.

**Say:** Now you are going to read sentences. Read each sentence and then circle the picture that the sentence describes.

*Give the student time to read each sentence and circle a picture.*

**Note:** If you choose to administer an optional retest, additional copies of *Student Form E* will need to be printed.

Date \_\_\_\_\_ Optional Retest Date \_\_\_\_\_ Optional Retest Date \_\_\_\_\_

Reading Comprehension total \_\_\_\_\_/5

Optional Retest \_\_\_\_\_/5

Optional Retest \_\_\_\_\_/5

# Listening Comprehension

Screening  
7

## How to Administer the Screening

[1.2.3], [1.7.1]

Read the passage below to the student. After you have read the passage ask the student the comprehension questions. Do not re-read or repeat sections of the passage for the student. Students score 1 point for each question they answer correctly.

Date \_\_\_\_\_ Optional Retest Date \_\_\_\_\_ Optional Retest Date \_\_\_\_\_

Say: I am going to read to you. You will need to listen very carefully. After I am done reading I will ask you some questions about what I read.

*Polar Bears are very large bears that live in the cold Arctic. The Arctic is north of the United States. Polar Bears can see things very far away and they can smell things almost one mile away. Polar Bears eat mostly seals. Polar Bears are white so they can hide in the snow and ice. Polar Bears have large feet and thick claws that make it easier for them to walk on the ice. They have two layers of fur and a thick coat of blubber that keeps them warm.*

			Correct
1.	[1.2.3] [1.7.1]	Say: Where do Polar Bears live? <u>Comments:</u>	<div>the arctic</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div> <div>OPTIONAL RETESTS</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div>
2.	[1.2.3] [1.7.1]	Say: What allows Polar Bears to walk on the ice? <u>Comments:</u>	<div>large feet and thick claws</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div> <div>OPTIONAL RETESTS</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div>
3.	[1.2.3] [1.7.1]	Say: How do Polar Bears stay warm? <u>Comments:</u>	<div>fur and blubber</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div> <div>OPTIONAL RETESTS</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div>
4.	[1.2.3] [1.7.1]	Say: What do Polar Bears eat? <u>Comments:</u>	<div>mostly seals</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div> <div>OPTIONAL RETESTS</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div>

Listening Comprehension total \_\_\_\_/4

Optional Retest \_\_\_\_/4

Optional Retest \_\_\_\_/4