



Phonics - Level 2 Assessment Form

Program Level		Program Start Date		Target End Date	
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Student ID		Student Name	
Date of Joining		Date of Birth	
School		Class	

<p>Did the child go through any Reading/Phonics class before? If Yes, provide details</p>
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<p>Trial / Outcome / Level at the beginning of the program:</p>
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<p>Withdrawn / Reason / Date</p>

Initial EQ Assessment				
Beginner	Intermediate	Developed	Advanced	Transformed

<p>Learning Style</p> <p>What is the Child's Learning Style? Underline and provide details</p> <p><u>Initial Assessment</u></p> <p>AVK / AKV / VAK / VKA / KAV / KVA</p>

Weekly Assessment on Learning Style and Details

Week 1: AVK / AKV / VAK / VKA / KAV / KVA

Week 2: AVK / AKV / VAK / VKA / KAV / KVA

Week 3: AVK / AKV / VAK / VKA / KAV / KVA

Week 4: AVK / AKV / VAK / VKA / KAV / KVA

Learning Style at the end of the level:

Level at the completion of the program:

Word Families

Long Vowels

Comprehending

Final EQ Assessment

Beginner	Intermediate	Developed	Advanced	Transformed

Overall Observation about the child

Recommendations / Next Steps

Teacher's Signature & Date