



# Phonics - Level 1

## 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	

Did the child go through any Reading/Phonics class before? If Yes, provide details

Trial / Outcome / Level at the beginning of the program:

Withdrawn / Reason / Date

Initial EQ Assessment

Beginner	Intermediate	Developed	Advanced	Transformed

Learning Style

What is the Child's Learning Style? Underline and provide details

Initial Assessment

AVK / AKV / VAK / VKA / KAV / KVA

### 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:**

<b>Letter Sounds (26 letter sounds)</b>	
<b>Short Vowels (a, e, i, o, u)</b>	

<b>Word Families</b> Short 'a'(am, ap, ag, an) Short 'e'(ed, eg, en) Short 'i'(ib, id, ig, in, ip) Short 'o'(ob, od, og, op)	
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<b>Comprehending</b>

<b>Final EQ Assessment</b>				
<b>Beginner</b>	<b>Intermediate</b>	<b>Developed</b>	<b>Advanced</b>	<b>Transformed</b>



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**Overall Observation about the child**

**Recommendations / Next Steps**

**Teacher's Signature & Date**