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Student Name: _____ Date: _____

Note: This assessment includes letter (h-m)

Marks Division: Phonics oral 5 marks

letter h-m (written): 15 marks.

Phonics	Q1	Q2	Q3	Total Marks
/5	/5	/5	/5	/20

checklist (✓)

Letters	knows sound	don't know sound of	know the vocab	don't know the vocab
randomly h-m				

Note: Teacher will show flashcard for sound & vocabulary in oral assessment.



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Student Name: _____ Date: _____

Q1. Write the beginning sound.

/5



__at



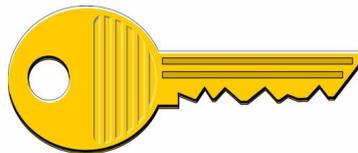
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Student Name: _____ Date: _____

Q2. Dictation.

/5

Q3. Write the beginning, middle and ending sound.

/5



ja _____



_____ eep



duc _____



s _____ x



sea _____ orse