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Student Name: _____ Date: _____

Note: This assessment includes letter (n-t)
Marks Division: Phonics oral 5 marks
letter n-t (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 n-t				

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



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Student Name: _____ Date: _____

Q1. Dictation.

/5

Q2. Write the ending sound of given pictures.

/5



c	a	
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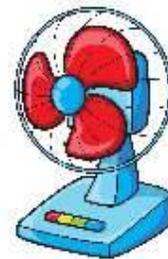
e	a	
---	---	--



b	u	
---	---	--



p	o	
---	---	--



f	a	
---	---	--



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Student Name: _____ Date: _____

Q3.(a) Write the middle sound.

/5



m _____ p



b _____ x

(b) Colour the beginning sound.

/5



n q t



t o p



b q r