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Student Name: _____ Date: _____

Note: This assessment includes letter (a-g)

Marks Division: Phonics oral 5 marks

letter a-z (written): 15 marks.

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

Q1. Say the sound.

/2

b	h	i	s	q
a	j	o	u	d
	e	m		

Read the words.

/3

c	a	t	t	e	n	m	a	n
.
c	u	p	d	o	t	c	a	b
.



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Q2. Match the words with pictures.

/5

s u n



r a t



l i p



h e n



m o p



Q3. Circle the beginning sound.

/5



u , t , q



u , s , v



u , w , v



w , u , y



z , u , w



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Book Title: Phonics Reader

Worksheet # 3



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Student Name: _____ Date: _____

Q4. Listen the sound and write the letter. (Dictation)

/5

(Teacher will repeat sound thrice (a-z))
