

# FOUNDATION PRE-LITERACY SCREEN - STUDENT RECORD FORM

Name of Child: ..... Date of Birth:.....

Relevant Background Information.....

- ☐ Ear Infections?  
☐ Family members with language/literacy delays?  
☐ Student currently has a speech or language delay?  
☐ Other: .....

## Decoding Pre-requisite skills - Phonological (& Phonemic) Awareness Section

### Blending (A precursor to decoding or reading ability.)

#### Onset and Rime Level Blending

**Instructions:** "I am going to say 2 sounds.  
Put them together and guess the word."

b (1 second pause) ug =
p (1 second pause) ot =
c (1 second pause) ap =
p (1 second pause) et =
m (1 second pause) an =
<b>Date Tested:</b> _____ <b>Score:</b> ____ / 5 = ____ %
<b>Date Tested:</b> _____ <b>Score:</b> ____ / 5 = ____ %

**Negative Observations** (suggesting further skill development is required):

- i.) Was the task presented with short pauses between sounds?  
 ii.) Did the student request the sounds to be repeated?  
 iii.) Did the student repeat the sounds in order to process the task?  
 iv.) Did the task appear difficult and cognitively effortful?

- ☐ Yes  
☐ Yes  
☐ Yes  
☐ Yes

#### CVC Phonemic Level Blending

**Instructions:** "I am going to say 3 sounds.  
Put them together and guess the word."

m (1 second pause) U (1 second pause) g =
s (1 second pause) U (1 second pause) n =
f (1 second pause) a (1 second pause) n =
b (1 second pause) e (1 second pause) d =
t (1 second pause) a (1 second pause) p =
<b>Date Tested:</b> _____ <b>Score:</b> ____ / 5 = ____ %
<b>Date Tested:</b> _____ <b>Score:</b> ____ / 5 = ____ %

**Notes:**

## Alphabet Sound Knowledge Section

### Alphabet Sound RECOGNITION - Supporting READING

**Instructions:** "What is this sound?" (Refer to sheets supplied in Foundation and Cursive font.)

GROUP 1			GROUP 2			GROUP 3			GROUP 4		
Letter	Response	Concerning Observations	Letter	Response	Concerning Observations	Letter	Response	Concerning Observations	Letter	Response	Concerning Observations
s		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting	m		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting	f		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting	w		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting
a		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting	r		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting	l		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting	j		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting
t		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting	h		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting	g		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting	v		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting
p		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting	e		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting	o		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting	k		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting
i		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting	c		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting	u		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting	z		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting
n		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting	d		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting	b		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting	y		<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting
<b>Date tested:</b> _____ <b>Score:</b> ____ / 6			<b>Date tested:</b> _____ <b>Score:</b> ____ / 6			<b>Date tested:</b> _____ <b>Score:</b> ____ / 6			<b>Date tested:</b> _____ <b>Score:</b> ____ / 6		
<b>Date retested:</b> _____ <b>Score:</b> ____ / 6			<b>Date retested:</b> _____ <b>Score:</b> ____ / 6			<b>Date retested:</b> _____ <b>Score:</b> ____ / 6			<b>Date retested:</b> _____ <b>Score:</b> ____ / 6		
<b>Date retested:</b> _____ <b>Score:</b> ____ / 6			<b>Date retested:</b> _____ <b>Score:</b> ____ / 6			<b>Date retested:</b> _____ <b>Score:</b> ____ / 6			<b>Date retested:</b> _____ <b>Score:</b> ____ / 6		
<b>Notes:</b>									<b>q</b>		
									<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting		
									<b>x</b>		
									<input type="checkbox"/> Letter name/sound confusion <input type="checkbox"/> Slow recall <input type="checkbox"/> A reliance on adult prompting		
									<b>Date tested:</b> _____ <b>Score:</b> ____ / 8		
									<b>Date retested:</b> _____ <b>Score:</b> ____ / 8		
									<b>Date retested:</b> _____ <b>Score:</b> ____ / 8		

# Spelling Pre-requisite skills - Phonemic Awareness Section

## Segmentation of CVC Words (a precursor to spelling and writing)

**Instructions:** "What are the sounds in these words?"

top	<input type="checkbox"/> Tick if correct response ("t - o - p").	If an incorrect response, specify what the child answered:	<b>Date Tested</b>   <b>Score:</b> _____ / 5 = _____ %	<b>Date Retested</b>   <b>Score:</b> _____ / 5 = _____ %
lid	<input type="checkbox"/> Tick if correct response ("l - i - d").	If an incorrect response, specify what the child answered:		
peg	<input type="checkbox"/> Tick if correct response ("p - e - g").	If an incorrect response, specify what the child answered:		
bug	<input type="checkbox"/> Tick if correct response ("b - u - g").	If an incorrect response, specify what the child answered:		
nut	<input type="checkbox"/> Tick if correct response ("n - u - t").	If an incorrect response, specify what the child answered:		

**Negative Observations** (suggesting further practice is required):

- i.) Did the student confuse the task and provide some letter names?
- ii.) Did the task appear difficult for the child, even if they answered correctly?
- iii.) Was the student reliant upon adult prompting?

- ☐ Yes
- ☐ Yes
- ☐ Yes

**Notes:**

## Alphabet Sound Knowledge Section

### Alphabet Sound RECALL & FORMATION - Supporting SPELLING & WRITING

**Instructions:** "Write the sound \_\_\_\_?"

GROUP 1			GROUP 2			GROUP 3			GROUP 4		
Sound	X or >	Demonstrated the recall and writing of the sounds	Sound	X or >	Demonstrated the recall and writing of the sounds	Sound	X or >	Demonstrated the recall and writing of the sounds	Sound	X or >	Demonstrated the recall and writing of the sounds
s	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip	m	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip	f	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip	w	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip
a	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip	r	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip	l	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip	j	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip
t	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip	h	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip	g	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip	v	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip
p	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip	e	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip	o	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip	k	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip
i	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip	c	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip	u	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip	z	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip
n	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip	d	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip	b	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip	y	<input type="checkbox"/>	<input type="checkbox"/> Able to recall and write independently <input type="checkbox"/> Correct starting points/ formation <input type="checkbox"/> Appropriate grip <input type="checkbox"/> Was not reliant on a desk strip
Date tested: _____ Score: _____ / 6			Date tested: _____ Score: _____ / 6			Date tested: _____ Score: _____ / 6			q		
Date retested: _____ Score: _____ / 6			Date retested: _____ Score: _____ / 6			Date retested: _____ Score: _____ / 6			Date retested: _____ Score: _____ / 6		
Date retested: _____ Score: _____ / 6			Date retested: _____ Score: _____ / 6			Date retested: _____ Score: _____ / 6			Date retested: _____ Score: _____ / 6		
Notes:									x		
									Date tested: _____ Score: _____ / 8		
									Date retested: _____ Score: _____ / 8		
									Date retested: _____ Score: _____ / 8		

# Foundation Year Pre-Literacy Screen

Alphabet Sound Recognition (supporting Reading) - "What is this sound?"

## GROUP 1

s

a

t

p

i

n

## GROUP 2

d

h

e

r

c

k

m

## GROUP 3

g

o

u

b

f

l

## GROUP 4

j

z

x

y

q

w

v

# Foundation Year Pre-Literacy Screen

Alphabet Sound Recognition (supporting Reading) - "What is this sound?"

## GROUP 1

s a t  
n i n

## GROUP 2

d h e r  
c k m

## GROUP 3

g o u  
b f l

## GROUP 4

j z x y  
q w v