

# Foundation Pre-Literacy Screen - Student Record Form

Pre-Primary (WA), Transition (NT), Reception (SA), Prep (QLD, VIC, TAS), Kindergarten (NSW, ACT),

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

Relevant Background Information .....

**Risk Factors**

☐ History of ear infections?

☐ Student currently has a speech or language delay?

☐ Family members with language/literacy delays?

☐ Other: .....

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

### Subtest 1: Blending (A precursor to decoding or reading ability.)

#### Subtest 1a: Onset and Rime Level Blending

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

	✓ ✗ Demonstrated	✓ ✗ Demonstrated
<b>b</b> (1 second pause) <b>ug</b> =	<input type="checkbox"/>	<input type="checkbox"/>
<b>p</b> (1 second pause) <b>ot</b> =	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> (1 second pause) <b>ap</b> =	<input type="checkbox"/>	<input type="checkbox"/>
<b>p</b> (1 second pause) <b>et</b> =	<input type="checkbox"/>	<input type="checkbox"/>
<b>m</b> (1 second pause) <b>an</b> =	<input type="checkbox"/>	<input type="checkbox"/>
<b>Date Tested</b>	<b>Score</b> ____ / 5 = ____ %	
<b>Date Tested</b>	<b>Score</b> ____ / 5 = ____ %	

#### Subtest 1b: CVC Phonemic Level Blending

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

	✓ ✗ Demonstrated	✓ ✗ Demonstrated
<b>m</b> (1 second pause) <b>u</b> (1 second pause) <b>g</b> =	<input type="checkbox"/>	<input type="checkbox"/>
<b>s</b> (1 second pause) <b>u</b> (1 second pause) <b>n</b> =	<input type="checkbox"/>	<input type="checkbox"/>
<b>f</b> (1 second pause) <b>a</b> (1 second pause) <b>n</b> =	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> (1 second pause) <b>e</b> (1 second pause) <b>d</b> =	<input type="checkbox"/>	<input type="checkbox"/>
<b>t</b> (1 second pause) <b>a</b> (1 second pause) <b>p</b> =	<input type="checkbox"/>	<input type="checkbox"/>
<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? ☐ Yes
- ii.) Did the student request the sounds to be repeated? ☐ Yes
- iii.) Did the student repeat the sounds in order to process the task? ☐ Yes
- iv.) Did the task appear difficult and cognitively effortful? ☐ Yes

Notes:

## Alphabet Sound Knowledge Section

### Subtest 2: Alphabet Sound Knowledge - Supporting READING (Stimulus Sheets 1 & 2)

**Instructions:** "What are these sounds?" (Refer to the following sheets supplied in Foundation and Cursive font.)

Subtest 2a: Group 1				Subtest 2b: Group 2				Subtest 2c: Group 3				Subtest 2d: Group 4				
Letter	✓ ✗ Demonstrated	Concerning Observations		Letter	✓ ✗ Demonstrated	Concerning Observations		Letter	✓ ✗ Demonstrated	Concerning Observations		Letter	✓ ✗ Demonstrated	Concerning Observations		
<b>s</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	<b>m</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	<b>f</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	<b>w</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	
<b>a</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	<b>r</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	<b>l</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	<b>j</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	
<b>t</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	<b>h</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	<b>g</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	<b>v</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	
<b>p</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	<b>e</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	<b>o</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	<b>k</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	
<b>i</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	<b>c</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	<b>u</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	<b>z</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	
<b>n</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	<b>d</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	<b>b</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	<b>y</b>	<input type="checkbox"/>	<input type="checkbox"/> Letter name/sound confusion	<input type="checkbox"/> Slow recall	
<b>Date tested</b>	<b>Score</b> ____ / 6	<b>Date tested</b>		<b>Score</b> ____ / 12	<b>Date tested</b>	<b>Score</b> ____ / 18	<b>Date tested</b>	<b>Score</b> ____ / 26	<b>Date tested</b>	<b>Score</b> ____ / 26	<b>Date tested</b>	<b>Score</b> ____ / 26	<b>Date tested</b>	<b>Score</b> ____ / 26	<b>Date tested</b>	<b>Score</b> ____ / 26
<b>Date retested</b>	<b>Score</b> ____ / 6	<b>Date retested</b>		<b>Score</b> ____ / 12	<b>Date retested</b>	<b>Score</b> ____ / 18	<b>Date retested</b>	<b>Score</b> ____ / 26	<b>Date retested</b>	<b>Score</b> ____ / 26	<b>Date retested</b>	<b>Score</b> ____ / 26	<b>Date retested</b>	<b>Score</b> ____ / 26	<b>Date retested</b>	<b>Score</b> ____ / 26
<b>Date retested:</b>	<b>Score:</b> ____ / 6	<b>Date retested:</b>		<b>Score:</b> ____ / 12	<b>Date retested:</b>	<b>Score:</b> ____ / 18	<b>Date retested:</b>	<b>Score:</b> ____ / 26	<b>Date retested:</b>	<b>Score:</b> ____ / 26	<b>Date retested:</b>	<b>Score:</b> ____ / 26	<b>Date retested:</b>	<b>Score:</b> ____ / 26	<b>Date retested:</b>	<b>Score:</b> ____ / 26

**Note:** Once blending is established and alphabet sound recall is being acquired, students are ready to commence Stage 1 Target 1 reading tasks.

# Foundation Pre-Literacy Screen (continued)

## Spelling Pre-requisite skills - Phonemic Awareness Section

### Subtest 3: Segmentation of CVC Words (a precursor to spelling and writing)

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

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

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

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

Notes:

## Alphabet Sound Knowledge Section

### Subtest 4: Alphabet Sound Recall & Formation - Supporting SPELLING & Writing

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

Subtest 4a: Group 1			Subtest 4b: Group 2			Subtest 4c: Group 3			Subtest 4d: Group 4		
Sound	✓ or ✗	Demonstrated the recall and writing of the sounds	Sound	✓ or ✗	Demonstrated the recall and writing of the sounds	Sound	✓ or ✗	Demonstrated the recall and writing of the sounds	Sound	✓ 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 ____ /12			Date tested _____ Score ____ /18			q	<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 retested _____ Score ____ /6			Date retested _____ Score ____ /12			Date retested _____ Score ____ /18				<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 retested _____ Score ____ /6			Date retested _____ Score ____ /12			Date retested _____ Score ____ /18				<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
									x	<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 retested _____ Score ____ /26		
									Date retested _____ Score ____ /26		
									Date retested _____ Score ____ /26		

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# Foundation Pre-Literacy Screen - Stimulus Sheet 1 (Foundation Font)

## Alphabet Sound Recognition (supporting Reading)

Instructions: "What are these sounds?"

### Group 1

s

a

t

p

i

n

### Group 2

d

h

e

r

c

m

### Group 3

g

o

u

b

f

l

### Group 4

j

z

x

y

k

q

w

v

## Foundation Pre-Literacy Screen - Stimulus Sheet 2 (Cursive Font)

Alphabet Sound Recognition (supporting Reading)

Instructions: "What are these sounds?"

Group 1	s	a	t
	p	i	n
Group 2	m	r	h
	e	c	d
Group 3	f	l	g
	o	u	b
Group 4	j	z	x
	y	w	q
	k	v	