Sound Recognition Assessment

Child’s Name: ___________________________ Primary Language: _______________________

Site: _________________________________ Teacher: _________________________________

Program: HS ☐ SP ☐ FD ☐ Wrap ☐ Home-based ☐

<table>
<thead>
<tr>
<th>ASSESS</th>
<th>DATE</th>
<th>SOUND</th>
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<tbody>
<tr>
<td>PRE</td>
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<tr>
<td>POST</td>
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<td>/31</td>
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Directions: **CIRCLE** correct letter sound. Indicate for each assessment period with a different color pen.

Consonant & Long Vowel Sounds

M S F L R
N H V W Z
B C D G P
T J K Y X
Q I O A U
E

Short Vowel Sounds

A E I O U