

Individual Oral Phonogram Assessment Form

Name: * _____ Date: _____

Directions: Place a check beside each phonogram the child pronounced accurately and automatically.

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| a | sh | ed |
| c | ee | ew |
| d | th | ui |
| f | ow | oa |
| g | ou | gu |
| o | oo | ph |
| s | ch | ough |
| qu | ar | oe |
| b | ay | ey |
| e | ai | igh |
| h | oy | kn |
| i | oi | gn |
| j | er | wr |
| k | ir | ie |
| l | ur | dge |
| m | wor | ei |
| n | ear | eigh |
| p | ng | ti |
| r | ea | si |
| t | aw | ci |
| u | au | |
| v | or | |
| w | ck | |
| x | wh | |
| y | | |
| z | | |

*Individual student test. Administer only to students who need more detailed diagnosis.