

Individual Oral Phonogram Assessment Form

Name: * _____ Date: _____

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

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.