

Score Sheet

Student's Name _____

Examiner's Initials _____

Teacher's Name _____

Date of Testing _____

School _____

Letter Sound Fluency Test^{#1}

If child does not say anything after 3 seconds: do not say anything, point to next letter. If names incorrect letter: keep going. Draw a diagonal slash through any letters the student does not say the sound for or says the sound incorrectly. Circle the last item that child attempts. Stop at 1 **minute**. If finished before 1 minute: record time.

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

_____ number of letters sounded correctly (in _____ seconds)

_____ adjusted score (if completed test in less than 1 minute)

b	c	h	a
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h s l p z

o j n f y

b e i d c

a q w x t

m k r v g u