

Name: _____

D O B: _____

Date of Entry: _____

Current Year: 1 2 3

Speech:

Hearing:

Behaviour:

Social Skills:

Began Hearing Sounds: _____

Started Sandpaper Letters: _____

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

sh ch th qu ph oy ee oa ie
ai ea oo ue ar er au