

# Teacher's Chart

Class \_\_\_\_\_

Date \_\_\_\_\_

## Word Study Goals

### 1. Pre-readers. 2. Emergent Readers. and 3. Early Readers

| STUDENT'S NAME | Pre-readers                           |                          |   |                           |                                | Emergent Readers                       |                          |                                      |  |  | Early Readers                  |   |                               |   |   |  |  |
|----------------|---------------------------------------|--------------------------|---|---------------------------|--------------------------------|--|--------------------------|--------------------------------------|--|--|--------------------------------|---|-------------------------------|---|---|--|--|
|                | Identify 40+ upper/lower case letters | Learn 8+ letter sounds   | Hear and identify initial consonant sound | Write his or her own name | Learn correct letter formation | Identify all consonants & short vowels | Form letters correctly   | Hear & records sounds in (CVC) words | Read & write about 30 high frequency words | Use knowledge of letters/sounds/words to read/write simple texts | Monitor for visual information | Check one source of information against another | Take two-syllable words apart | Recognize large number high frequency words | Learn & use digraphs, blends and vowel patterns | Break unfamiliar words at their onset and rime | Use known words to problem-solve unknown words |
|                | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>                  | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>                   | <input type="checkbox"/>   | <input type="checkbox"/>       | <input type="checkbox"/>                        | <input type="checkbox"/>      | <input type="checkbox"/>                    | <input type="checkbox"/>                        | <input type="checkbox"/>                       | <input type="checkbox"/>                       |
|                | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>                  | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/>             | <input type="checkbox"/>                   | <input type="checkbox"/>   | <input type="checkbox"/>       | <input type="checkbox"/>                        | <input type="checkbox"/>      | <input type="checkbox"/>                    | <input type="checkbox"/>                        | <input type="checkbox"/>                       | <input type="checkbox"/>                       |
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**Degree of Mastery**  
 Skill Mastery  
 Skill Review Required  
 Skill Instruction Required

**Skill Mastery Progress**  
 Black - Sep/Oct/Nov  
 Green - Dec/Jan  
 Yellow - Jan/Feb/Mar  
 Red - Apr/May/June