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Assessment Guide

BEADS

Beginning Early And Developing Strong

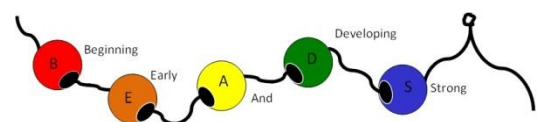
BEADS is a trademark sight word program created by Treaty Education Alliance that encourages the teaching of sight words from the first day of pre-kindergarten. These words are high frequency words that show up the most often in our written language. They do not always fit phonetic patterns and are not always easily “sounded out.”

It is best that BEADS words are memorized by the children so they can recognize them on sight. Once children can identify these words, their reading ability improves. “Sight words account for a large percentage (up to 75%) of the words used in beginning children's print materials.”¹

Teaching these words can be done using flash cards, board games, writing activities, reading activities, centers, and online games. Do not feel that you must teach all the words at one time. As you assess your students and can identify the words they do not yet recognize, pick a few of those words for the students to work on. It is encouraged to have 2 or 3 words they already know thrown in with 4 or 5 words they are still working on. This makes the learning process challenging, yet still provides some opportunity for success from the start.

When assessing your students, start with the RED Assessment. This assessment can begin with pre-kindergarten students. As the teacher, you can monitor the progress throughout the year through periodic assessments. Once the students can identify all of these words easily, move on to the next assessment. If you feel that the assessment is hard, use your professional judgement to stop the assessment and try again at a later date.

¹ Dennis J. Kear, M. A. (1983). *Comparative Study to Identify High-Frequency Words in Printed Materials*. Retrieved from SAGE Journals: <https://journals.sagepub.com/doi/10.2466/pms.1983.57.3.807>



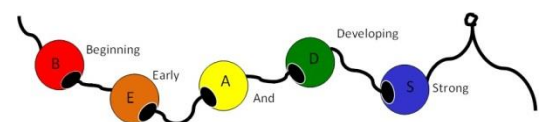
Each assessment has a recording sheet and an accompanying word list. The word list is for the students to read from while the teacher records on the assessment sheet.

Each assessment sheet has a place for 3 assessments done on different dates. The idea behind this is that if a child can identify a word 3 times on 3 different dates, then it is more than likely that the child has that word memorized. If the child is able to identify a word one day, and not on another, then it is likely that the child needs more practice.

When a student has been assessed 3 times and empty checkboxes remain on the page, it is recommended to print the same assessment sheet and add it to the student's file. The student should not move on to the next colour assessment until they have successfully completed their current assessment colour.

The blank lines beside each check box are to record any wrong word identifications during the assessment. For example, if the word is 'are' and the student said 'at' instead, the teacher would record this to look for any patterns in the misidentification of words. It is a tool to see if the students are guessing, or are able to identify only the first letter of the word, or they are confusing it with a word that looks similar, etc.

It is encouraged that your BEADS assessments begin in September and become an ongoing assessment that continues throughout the year. Try to assess each student at least every 6 weeks to see if there has been any progress. If no progress has been made, readjust teaching strategies as necessary.

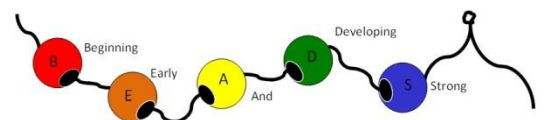


BEADS Assessment Recording Sheet

Date: _____ Grade: _____ Teacher: _____ School: _____

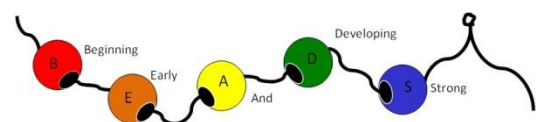
Student Names	Red	Orange	Yellow	Green	Blue
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
Possible words known	/40	/52	/41	/46	/48

Begin student testing with the Red BEADS words. If the student has successfully completed all the words on the list, it is not necessary to retest these words every time. Continue testing until the student is no longer successful and focus on learning the words in that BEADS colour list.



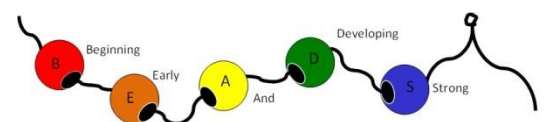
	Attempt 1	Attempt 2	Attempt 3		Attempt 1	Attempt 2	Attempt 3
a	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	me	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
and	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	my	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
away	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	not	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
big	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	one	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
blue	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	play	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
can	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	red	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
come	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	run	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
down	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	said	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
find	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	see	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
for	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	the	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
funny	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	three	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
go	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	to	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
help	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	two	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
here	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	up	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
I	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	we	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
in	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	yellow	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
is	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	you	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
it	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	where	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
jump	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____				
little	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____		/40	/40	/40
look	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____		Date:	Date:	Date:
make	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____		_____	_____	_____

Instructions: Start with attempt 1. Do both columns and check off the words as the students get them right. If they say something other than the listed word, leave the box empty and write what they said in the space provided.



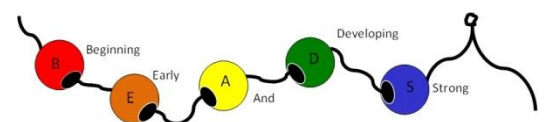
RED BEADS ASSESSMENT WORD LIST

a	look
and	make
away	me
big	my
blue	not
can	one
come	play
down	red
find	run
for	said
funny	see
go	the
help	three
here	to
I	two
in	up
is	we
it	yellow
jump	you
little	where



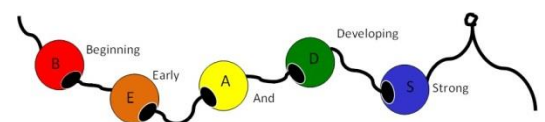
	Attempt 1	Attempt 2	Attempt 3		Attempt 1	Attempt 2	Attempt 3
all	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	pretty	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
am	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	ran	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
are	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	ride	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
at	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	saw	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
ate	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	say	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
be	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	she	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
black	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	so	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
brown	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	soon	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
but	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	that	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
came	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	there	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
did	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	they	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
do	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	this	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
eat	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	too	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
four	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	under	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
get	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	want	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
good	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	was	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
have	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	well	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
he	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	went	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
into	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	what	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
like	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	white	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
must	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	who	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
new	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	will	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
no	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	with	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
now	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	yes	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
on	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____				
our	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____				
out	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____				
please	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____				
					/52	/52	/52
					Date: _____	Date: _____	Date: _____

Instructions: Start with attempt 1. Do both columns and check off the words as the students get them right. If they say something other than the listed word, leave the box empty and write what they said in the space provided.



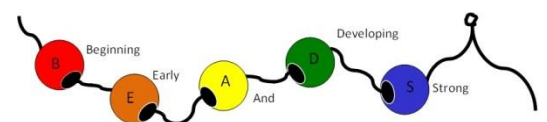
ORANGE BEADS ASSESSMENT WORD LIST

all	out
am	please
are	pretty
at	ran
ate	ride
be	saw
black	say
brown	she
but	so
came	soon
did	that
do	there
eat	they
four	this
get	too
good	under
have	want
he	was
into	well
like	went
must	what
new	white
no	who
now	will
on	with
our	yes



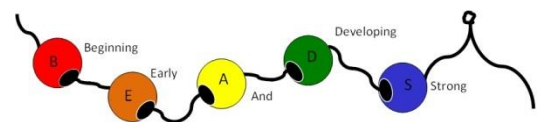
	Attempt 1	Attempt 2	Attempt 3		Attempt 1	Attempt 2	Attempt 3
after	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	live	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
again	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	may	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
an	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	of	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
any	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	old	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
as	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	once	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
ask	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	open	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
by	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	over	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
could	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	put	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
every	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	round	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
fly	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	some	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
from	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	stop	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
give	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	take	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
going	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	thank	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
had	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	them	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
has	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	then	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
her	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	think	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
him	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	walk	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
his	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	were	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
how	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	when	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
just	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____		/41	/41	/41
know	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____		Date:	Date:	Date:
let	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____		_____	_____	_____

Instructions: Start with attempt 1. Do both columns and check off the words as the students get them right. If they say something other than the listed word, leave the box empty and write what they said in the space provided.



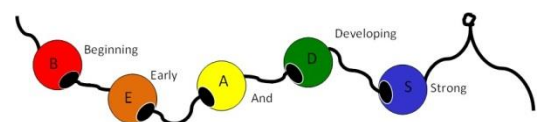
YELLOW BEADS ASSESSMENT WORD LIST

after	live
again	may
an	of
any	old
as	once
ask	open
by	over
could	put
every	round
fly	some
from	stop
give	take
going	thank
had	them
has	then
her	think
him	walk
his	were
how	when
just	
know	
let	



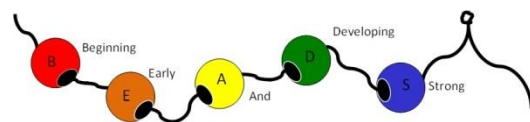
	Attempt 1	Attempt 2	Attempt 3		Attempt 1	Attempt 2	Attempt 3
always	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	pull	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
around	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	read	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
because	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	right	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
been	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	sing	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
before	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	sit	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
best	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	sleep	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
both	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	tell	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
buy	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	their	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
call	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	these	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
cold	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	those	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
does	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	upon	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
don't	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	us	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
fast	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	use	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
first	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	very	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
five	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	wash	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
found	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	which	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
gave	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	why	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
goes	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	wish	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
green	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	work	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
it's	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	would	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
made	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	write	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
many	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	your	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
off	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____				
or	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____				
					/46	/46	/46
				Date:	Date:	Date:	
				_____	_____	_____	

Instructions: Start with attempt 1. Do both columns and check off the words as the students get them right. If they say something other than the listed word, leave the box empty and write what they said in the space provided.



GREEN BEADS ASSESSMENT WORD LIST

always	or
around	pull
because	read
been	right
before	sing
best	sit
both	sleep
buy	tell
call	their
cold	these
does	those
don't	upon
fast	us
first	use
five	very
found	wash
gave	which
goes	why
green	wish
it's	work
made	would
many	write
off	your

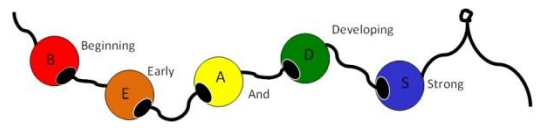


	Attempt 1	Attempt 2	Attempt 3		Attempt 1	Attempt 2	Attempt 3
about	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	laugh	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
baby	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	light	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
better	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	long	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
book	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	much	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
boy	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	myself	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
bring	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	name	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
carry	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	never	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
clean	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	only	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
cut	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	orange	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
done	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	own	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
draw	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	pick	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
drink	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	purple	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
eight	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	seven	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
fall	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	shall	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
far	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	show	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
full	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	six	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
got	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	small	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
grow	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	start	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
hold	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	ten	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
hot	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	today	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
hurt	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	together	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
if	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	try	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
keep	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	warm	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
kind	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	water	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Instructions: Start with attempt 1. Do both columns and check off the words as the students get them right. If they say something other than the listed word, leave the box empty and write what they said in the space provided.

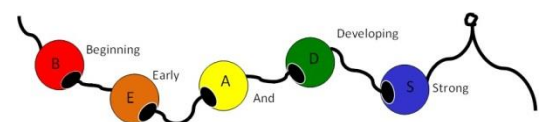
/48 /48 /48

Date: Date: Date:



BLUE BEADS ASSESSMENT WORD LIST

about	laugh
baby	light
better	long
book	much
boy	myself
bring	name
carry	never
clean	only
cut	orange
done	own
draw	pick
drink	purple
eight	seven
fall	shall
far	show
full	six
got	small
grow	start
hold	ten
hot	today
hurt	together
if	try
keep	warm
kind	water

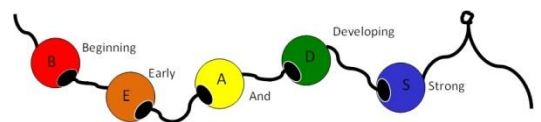


Letter/Sound Recognition and Identification – Upper Case

	Letter Name	Letter Sound	Word Beginning with Letter/Sound	Identify Letter in text		Letter Name	Letter Sound	Word Beginning with Letter/Sound	Identify Letter in text
E					I				
P					B				
V					W				
A					H				
M					O				
G					U				
T					F				
K					X				
C					Q				
Z					L				
R					N				
Y					S				
J					D				

Instructions: Place a check in the boxes if the student can identify the letter name, the letter sound, and if they can identify the letter in a text. If the student can provide a word beginning with the letter/sound, write the word provided in the box. If the word provided is incorrect, write the word, but highlight it to mark the error.

_____/26 = ____%



Student Name: _____ Grade: _____ Teacher: _____ Date: _____

Letter/Sound Recognition and Identification – Lower Case

	Letter Name	Letter Sound	Word Beginning with Letter/Sound	Identify Letter in text		Letter Name	Letter Sound	Word Beginning with Letter/Sound	Identify Letter in text
e					i				
p					b				
v					w				
a					h				
m					o				
g					u				
t					f				
k					x				
c					q				
z					l				
r					n				
y					s				
j					d				

Instructions: Place a check in the boxes if the student can identify the letter name, the letter sound, and if they can identify the letter in a text. If the student can provide a word beginning with the letter/sound, write the word provided in the box. If the word provided is incorrect, write the word, but highlight it to mark the error.

_____/26 = ____%

