The Grove School
Assessment – Phonic Sounds

Name: _____

Sound	Date	Date	Date	Date	Date	Date	Date	Date	Date
s									
a									
t									
i									
p									
n									
c									
e									
h									
k									
r									
m									
d									
ck									
g									
o									
u									
l									
f									
b									
j									
z									
w									
v									
y									
x									
ch									
sh									
th									
th									
wh									
qu									
ai									
oa									
ie									
ee									
ng									
oo									
ou									
oi									
ue									
ar									
er									
or									