



Assessment Guide

B.E.A.D.S.

Beginning Early And Developing Strong

B.E.A.D.S. is a trademark sight word program created by Treaty 4 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."

We encourage that the B.E.A.D.S. words are memorized by the children so that they can identify them on sight. Once children are able to recognize these words, their ability to read becomes easier.

Teaching these words can be done through the use of flash cards, games, writing activities, reading activities, and various other activities. Do not feel that you have to teach all of the words at one time. As you assess your students and are able to 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 testing 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. As the students are able to identify all of these words easily, move on to the next assessment. If you feel that the assessment is too hard, use your professional judgement to stop the assessment and try again at a later date.

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 is able to identify a word 3 times on 3 different dates, then it is more 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 testing a student, if that student has been tested 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.

The blank lines beside each check box is to record any wrong word identifications during the assessment. For example, if the word is 'are' and the student said 'at' instead, the teacher can 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.

It is encouraged that your B.E.A.D.S. testing begins in September and is 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 and re-adjust teaching strategies as necessary.

During the school year, Treaty 4 Education Alliance requests that you assess your students and submit your student BEADS data twice a year. The first assessment cycle is October 29 to November 2, 2018 and the second assessment cycle is March 11 to March 29, 2019. Please use the 'B.E.A.D.S. Assessment Recording Sheet' to submit your data.

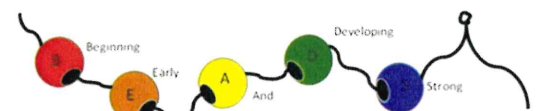
If at any time a new assessment sheet or the complete Assessment Guide is needed, please look in the 'Early Years Teachers' group within your Office 365 email or within the school's SharePoint.

B.E.A.D.S. 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 of 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 word list.



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

/40
words

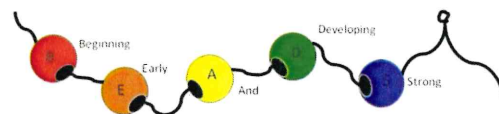
Instructions: Start with assessment 1. Do both columns and check off the words as the students get them right. If they say something other than the listed word, leave the box empty and write what they said in the space provided.

1st Assessment ____ % 2nd Assessment ____ % 3rd Assessment ____ %

Teacher _____

Student Protocol T4SSP Inc. BEADS ©2012

Test #1



RED B.E.A.D.S. 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

	1 st Assessment Date: _____	2 nd Assessment Date: _____	3 rd Assessment Date: _____
all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
are	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
at	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
black	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
but	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
came	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
did	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
four	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
he	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
into	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
must	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
new	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
now	<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"/>

	1 st Assessment	2 nd Assessment	3 rd Assessment
out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
please	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pretty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ran	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
saw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
she	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
soon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
they	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
this	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
too	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
under	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
was	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
went	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
what	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
white	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
who	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

/52 words

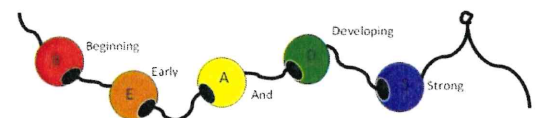
Instructions: Start with assessment 1. Do both columns and check off the words as the students get them right. If they say something other than the listed word, leave the box empty and write what they said in the space provided.

1st Assessment ____ % 2nd Assessment ____ % 3rd Assessment ____ %

Teacher _____

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Test #2



ORANGE B.E.A.D.S. 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

	1 st Assessment Date: _____	2 nd Assessment Date: _____	3 rd Assessment Date: _____
after	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
again	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
an	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
any	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
as	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
ask	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
by	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
could	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
every	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
fly	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
from	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
give	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
going	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
had	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
has	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
her	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
him	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
his	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
how	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
just	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
know	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
let	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

	1 st Assessment	2 nd Assessment	3 rd Assessment
live	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
may	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
of	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
old	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
once	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
open	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
over	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
put	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
round	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
some	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
stop	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
take	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
thank	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
them	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
then	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
think	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
walk	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
were	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
when	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

41/ words

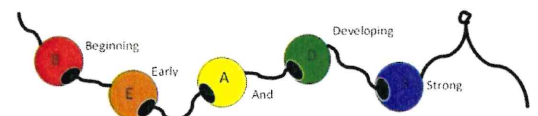
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1st Assessment ____ % 2nd Assessment ____ % 3rd Assessment ____ %

Teacher _____

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Test #3



YELLOW B.E.A.D.S. 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	

	1 st Assessment Date: _____	2 nd Assessment Date: _____	3 rd Assessment Date: _____
always	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
around	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
because	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
been	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
before	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
best	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
both	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
buy	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
call	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
cold	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
does	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
don't	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
fast	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
first	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
five	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
found	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
gave	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
goes	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
green	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
it's	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
made	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
many	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
off	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

	1 st Assessment	2 nd Assessment	3 rd Assessment
or	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
pull	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
read	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
right	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
sing	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
sit	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
sleep	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
tell	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
their	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
these	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
those	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
upon	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
us	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
use	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
very	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
wash	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
which	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
why	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
wish	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
work	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
would	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
write	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
your	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

/46 words

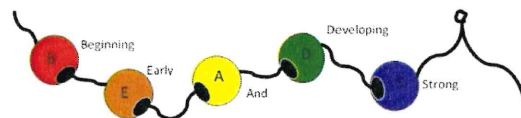
Instructions: Start with assessment 1. Do both columns and check off the words as the students get them right. If they say something other than the listed word, leave the box empty and write what they said in the space provided.

1st Assessment ____ % 2nd Assessment ____ % 3rd Assessment ____ %

Teacher _____

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Test #4



GREEN B.E.A.D.S. 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

	1 st Assessment Date: _____	2 nd Assessment Date: _____	3 rd Assessment Date: _____
about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
carry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
draw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
far	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
got	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
grow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
if	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
keep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1 st Assessment	2 nd Assessment	3 rd Assessment
laugh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
never	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
orange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
purple	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
seven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
shall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
six	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
start	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
try	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
warm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

/48 words

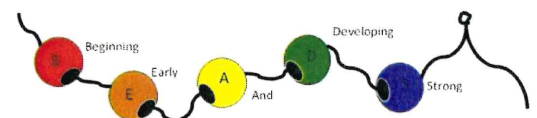
Instructions: Start with assessment 1. Do both columns and check off the words as the students get them right. If they say something other than the listed word, leave the box empty and write what they said in the space provided.

1st Assessment ____ % 2nd Assessment ____ % 3rd Assessment ____ %

Teacher _____

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Test #5



BLUE B.E.A.D.S. 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

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

	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
A					N				
B					O				
C					P				
D					Q				
E					R				
F					S				
G					T				
H					U				
I					V				
J					W				
K					X				
L					Y				
M					Z				

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

____ / 26 = ____ %



Letter/Sound Recognition and Identification – Lower Case

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

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

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

____ / 26 = ____ %

