



Kindergarten Phonics Survey Tracker Form

Name: _____

School Year: _____

Teacher: _____

Beginning of Year			Middle of Year			End of Year		
Date: _____			Date: _____			Date: _____		
Letter Name		___/52	Letter Name		___/52	Letter Name		___/52
Letter-Sound		___/26	Letter-Sound		___/26	Letter-Sound		___/26
CVC	Decoding	___/5	CVC	Decoding	___/5	CVC	Decoding	___/5
	Encoding	___/5		Encoding	___/5		Encoding	___/5
Initial/Final Digraphs	Decoding	___/6	Initial/Final Digraphs	Decoding	___/6	Initial/Final Digraphs	Decoding	___/6
	Encoding	___/6		Encoding	___/6		Encoding	___/6
Initial Blends	Decoding	___/6	Initial Blends	Decoding	___/6	Initial Blends	Decoding	___/6
	Encoding	___/6		Encoding	___/6		Encoding	___/6
Placement:			Placement:			Placement:		