

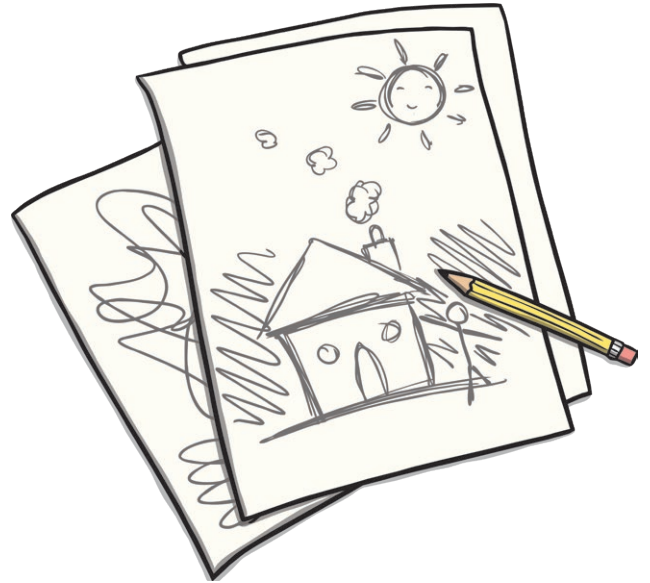
Sentence Assessment



Name: _____

Initial Assessment Date: _____

Write about yourself so that I can get to know you better.



Tick the ones that you can do:

I can use sounds/phonics to help me spell.

I can use finger spaces.

I can use full stops.

I can use capital letters.

My sentences make sense.

Score ___/5