



Mastery Guide Assessment Pack

CONSONANT BLENDS



LESSONS 1-20

Consonant Blends Assessment #1
Lessons 1-5
st, fl, gr, tw

Student Sheet

| | | | | |
|------|------|------|------|------|
| pest | grab | twin | list | fled |
| twik | rost | flof | stip | grep |

Sight Words Assessment #1

Lessons 1-5

Student Sheet

stop

one

must

words

still

Consonant Blends Assessment #2

Lessons 6-10

mp, fr, sl, nd, sn, cl, br, tr

Student Sheet

trap

ramp

fret

slip

clap

fand

snop

brip

hamp

sluf

Sight Words Assessment #2

Lessons 6-10

Student Sheet

hand what all their land

Consonant Blends Assessment #3

Lessons 11-15

sn, cl, br, tr, nt, sk, cr, sp

Student Sheet

snip rent skip crop spam

clim broop trat snet pent

Sight Words Assessment #3

Lessons 11-15

Student Sheet

went your said spell

Consonant Blends Assessment #4

Lessons 16-20

dr, pl, sn

Student Sheet

drop

plot

drip

sniff

plop

snig

dref

plog

drit

drub

Sight Words Assessment #4

Lessons 16-20

Student Sheet

just there do last plants

Consonant Blends Assessment - Individual Student Record Sheet

Student Name: _____

| | |
|--------------------------------|---|
| Assessment #1 (Lessons 1-5) | Date: _____ |
| | ___ / 5 pest grab twin list fled |
| | ___ / 5 twik rost flob stip grep |
| | Total: _____ /10 |

| | |
|---------------------------------|---|
| Assessment #2 (Lessons 6-10) | Date: _____ |
| | ___ / 5 trap ramp fret slip clap |
| | ___ / 5 fand snop brip hamp sluf |
| | Total: _____ /10 |

| | |
|----------------------------------|---|
| Assessment #3 (Lessons 11-15) | Date: _____ |
| | ___ / 5 snip rent skip crop spam |
| | ___ / 5 clim brop trat snet pent |
| | Total: _____ /10 |

| | |
|----------------------------------|--|
| Assessment #4 (Lessons 16-20) | Date: _____ |
| | ___ / 5 drop plot drip sniff plol |
| | ___ / 5 snig dref plog drit drub |
| | Total: _____ /10 |

Consonant Blends Assessment - Class Record Sheet

| Name: _____ | | | |
|----------------|--------------------------------|--------------------------------|---------------|
| Assessment #1 | Assessment #2 | Assessment #3 | Assessment #4 |
| st, fl, gr, tw | mp, fr, sl, nd, sn, cl, br, tr | sn, cl, br, tr, nt, sk, cr, sp | dr, pl, sn |
| ___ / 10 | ___ / 10 | ___ / 10 | ___ / 10 |

| Name: _____ | | | |
|----------------|--------------------------------|--------------------------------|---------------|
| Assessment #1 | Assessment #2 | Assessment #3 | Assessment #4 |
| st, fl, gr, tw | mp, fr, sl, nd, sn, cl, br, tr | sn, cl, br, tr, nt, sk, cr, sp | dr, pl, sn |
| ___ / 10 | ___ / 10 | ___ / 10 | ___ / 10 |

| Name: _____ | | | |
|----------------|--------------------------------|--------------------------------|---------------|
| Assessment #1 | Assessment #2 | Assessment #3 | Assessment #4 |
| st, fl, gr, tw | mp, fr, sl, nd, sn, cl, br, tr | sn, cl, br, tr, nt, sk, cr, sp | dr, pl, sn |
| ___ / 10 | ___ / 10 | ___ / 10 | ___ / 10 |

| Name: _____ | | | |
|----------------|--------------------------------|--------------------------------|---------------|
| Assessment #1 | Assessment #2 | Assessment #3 | Assessment #4 |
| st, fl, gr, tw | mp, fr, sl, nd, sn, cl, br, tr | sn, cl, br, tr, nt, sk, cr, sp | dr, pl, sn |
| ___ / 10 | ___ / 10 | ___ / 10 | ___ / 10 |

| Name: _____ | | | |
|----------------|--------------------------------|--------------------------------|---------------|
| Assessment #1 | Assessment #2 | Assessment #3 | Assessment #4 |
| st, fl, gr, tw | mp, fr, sl, nd, sn, cl, br, tr | sn, cl, br, tr, nt, sk, cr, sp | dr, pl, sn |
| ___ / 10 | ___ / 10 | ___ / 10 | ___ / 10 |

Sight Words Assessment - Individual Student Record Sheet

Student Name: _____

| | |
|--------------------------------|--|
| Assessment #1 (Lessons 1-5) | Date: _____ |
| | ___ / 5 stop one must words still |
| | Total: _____ /5 |

| | |
|---------------------------------|---|
| Assessment #2 (Lessons 6-10) | Date: _____ |
| | ___ / 5 hand what all their land |
| | Total: _____ /5 |

| | |
|----------------------------------|--|
| Assessment #3 (Lessons 11-15) | Date: _____ |
| | ___ / 4 went your said spell |
| | Total: _____ /4 |

| | |
|----------------------------------|--|
| Assessment #4 (Lessons 16-20) | Date: _____ |
| | ___ / 5 just there do last plants |
| | Total: _____ /5 |

Sight Words Assessment - Class Record Sheet

| | | | |
|---------------|---------------|---------------|---------------|
| Name: _____ | | | |
| Assessment #1 | Assessment #2 | Assessment #3 | Assessment #4 |
| ___ / 5 | ___ / 5 | ___ / 4 | ___ / 5 |

| | | | |
|---------------|---------------|---------------|---------------|
| Name: _____ | | | |
| Assessment #1 | Assessment #2 | Assessment #3 | Assessment #4 |
| ___ / 5 | ___ / 5 | ___ / 4 | ___ / 5 |

| | | | |
|---------------|---------------|---------------|---------------|
| Name: _____ | | | |
| Assessment #1 | Assessment #2 | Assessment #3 | Assessment #4 |
| ___ / 5 | ___ / 5 | ___ / 4 | ___ / 5 |

| | | | |
|---------------|---------------|---------------|---------------|
| Name: _____ | | | |
| Assessment #1 | Assessment #2 | Assessment #3 | Assessment #4 |
| ___ / 5 | ___ / 5 | ___ / 4 | ___ / 5 |

| | | | |
|---------------|---------------|---------------|---------------|
| Name: _____ | | | |
| Assessment #1 | Assessment #2 | Assessment #3 | Assessment #4 |
| ___ / 5 | ___ / 5 | ___ / 4 | ___ / 5 |