*Teacher:*______________________________________ *Number of Tests:*________ *School Year:*_______________ ❑ *Diagnostic* ❑ *Outcomes*

T-PRO

TEST OF PRIMARY READING OUTCOMES

Test Administration Checklist - Kindergarten

Student Name	Booklet Number	Phonemic Awareness					Early Literacy		Phonics			Vocabulary			Comp.		
		Auditory Discrimination	Rhyming	Phoneme Blending	Initial Phonemes	Final Phonemes	Print Awareness	Letter Recognition	Letter Sound Recognition	Beginning Sounds-Letters	Ending Sounds-Letters	Word Concepts	Word Recognition	Picture Word Matching	Listening Comp. (Sentences)	Listening Comp. (Passages)	Reading Comp. (Sentences)