T-PRO
TEST OF PRIMARY READING OUTCOMES

Individually Administered Sections Checklist
Kindergarten

Teacher:_____ Class Time: ☐ AM ☐ PM ☐ FULL DAY

School Year:_____ ☐ DIAGNOSTIC ☐ OUTCOMES

STUDENT NAME	AUDITORY DISCRIMINATION	RHYMING	PHONEME BLENDING	INITIAL PHONEMES	FINAL PHONEMES