

Academy of READING
Progress Checklist

This document presents information for users of School Specialty Intervention products. Although the information contained within this document is considered accurate and characteristic of the subject product, School Specialty Inc. reserves the right to make changes to this document and any products described herein to improve reliability, functionality, or design. School Specialty Inc. does not assume any liability arising out of the product described herein. No part of this document may be copied or reproduced in any form or by any means without the prior permission of School Specialty Inc.

Copyright © 1985-2010 School Specialty Inc. All rights reserved. Printed in Canada. AutoSkill, the Academy of READING and the Academy of MATH are registered trademarks of School Specialty Inc. SpanishTutor is a trademark of School Specialty Inc.

Adobe® Flash® Player. Copyright © 1996 - 2010 Adobe Systems Incorporated. All Rights Reserved. Protected by U.S. Patent 6,879,327; Patents Pending in the United States and other countries. Adobe and Flash are either trademarks or registered trademarks in the United States and/or other countries.

Products may include software from MySQL AB. Copyright © 2004. All rights reserved.

Products may include software developed by the Apache Software Foundation (<http://apache.org>). Copyright © 2000 The Apache Software Foundation. All rights reserved.

Products may include software from JBoss Inc. Copyright © 2004. All rights reserved.

Products may include KavaChart software from Visual Engineering Inc. Copyright © 1999 - 2004. All rights reserved.

Products may include code licensed from the RSA Security Inc. Some portions licensed from IBM are available at <http://oss.software.ibm.com/icu4j/>.

Products may include software developed by JaMON. Copyright © 2002, Steve Souza (admin@jamonapi.com). All rights reserved. Modifications: No.

All other product and brand names may be trademarks or registered trademarks of their respective owners.

School Specialty Intervention
Suite 900B
555 Legget Drive
Ottawa, ON, Canada
K2K 2X3
Intervention.SchoolSpecialty.com

School Specialty Academy
Progress Checklist
Date: October 26, 2010

AS22 10 10

K-1 Developmental S1



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial		Skill Area: Skill Type
<input type="checkbox"/>	_____ 1	Sound Match: Rhyming Words
<input type="checkbox"/>	_____ 2	Sound Match: Beginning Sounds in Words
<input type="checkbox"/>	_____ 3	Sound Match: Ending Sounds in Words
<input type="checkbox"/>	_____ 4	Sound Match: Beginning Sounds
<input type="checkbox"/>	_____ 5	Sound Match: Ending Sounds
<input type="checkbox"/>	_____ 6	Sound Match: Middle Sounds
<input type="checkbox"/>	_____ 7	Visual Match: Letters
<input type="checkbox"/>	_____ 8	Letter-Sound Match: Group 1 Letters
<input type="checkbox"/>	_____ 9	Letter-Sound Match: Group 2 Letters
<input type="checkbox"/>	_____ 10	Auditory-Visual Match: Letter Names
<input type="checkbox"/>	_____ 11	Auditory-Visual Match: Letter Sounds
<input type="checkbox"/>	_____ 12	Letter-Sound Match: Beginning Sounds
<input type="checkbox"/>	_____ 13	Letter-Sound Match: Ending Sounds
<input type="checkbox"/>	_____ 14	Letter-Sound Match: Middle Sounds
<input type="checkbox"/>	_____ 15	Visual Match: CV_VC Letter Patterns
<input type="checkbox"/>	_____ 16	Letter-Sound Match: Group 1 CV_VC Letter Patterns
<input type="checkbox"/>	_____ 17	Letter-Sound Match: Group 2 CV_VC Letter Patterns
<input type="checkbox"/>	_____ 18	Letter-Sound Match: Group 3 CV_VC Letter Patterns
<input type="checkbox"/>	_____ 19	Auditory-Visual Match: CV_VC Letter Patterns
<input type="checkbox"/>	_____ 20	Sound Match: Blending 3 Sounds
<input type="checkbox"/>	_____ 21	Visual Match: CVC Letter Patterns
<input type="checkbox"/>	_____ 22	Visual Match: Words with CVC Letter Patterns
<input type="checkbox"/>	_____ 23	Letter-Sound Match: Blending 3 Sounds
<input type="checkbox"/>	_____ 24	Sound Match: 3 Sound Word Building
<input type="checkbox"/>	_____ 25	Letter-Sound Match: 3 Sound Word Building
<input type="checkbox"/>	_____ 26	Letter-Sound Match: 3 Letter Word Building
<input type="checkbox"/>	_____ 27	Auditory-Visual Match: CVC Letter Patterns
<input type="checkbox"/>	_____ 28	Auditory-Visual Match: Words with CVC Letter Patterns
<input type="checkbox"/>	_____ 29	Visual Match: Group 1 Words
<input type="checkbox"/>	_____ 30	Auditory-Visual Match: Group 1 Words
<input type="checkbox"/>	_____ 31	Comprehension: Group 1 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.

2-3 Developmental S1



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial	Skill Area: Skill Type
<input type="checkbox"/> _____ 1	Sound Match: Rhyming Words
<input type="checkbox"/> _____ 2	Sound Match: Beginning Sounds in Words
<input type="checkbox"/> _____ 3	Sound Match: Ending Sounds in Words
<input type="checkbox"/> _____ 4	Sound Match: Beginning Sounds
<input type="checkbox"/> _____ 5	Sound Match: Ending Sounds
<input type="checkbox"/> _____ 6	Sound Match: Middle Sounds
<input type="checkbox"/> _____ 7	Visual Match: Letters
<input type="checkbox"/> _____ 8	Letter-Sound Match: Group 1 Letters
<input type="checkbox"/> _____ 9	Letter-Sound Match: Group 2 Letters
<input type="checkbox"/> _____ 10	Auditory-Visual Match: Letter Names
<input type="checkbox"/> _____ 11	Auditory-Visual Match: Letter Sounds
<input type="checkbox"/> _____ 12	Letter-Sound Match: Beginning Sounds
<input type="checkbox"/> _____ 13	Letter-Sound Match: Ending Sounds
<input type="checkbox"/> _____ 14	Letter-Sound Match: Middle Sounds
<input type="checkbox"/> _____ 15	Visual Match: CV_VC Letter Patterns
<input type="checkbox"/> _____ 16	Letter-Sound Match: Group 1 CV_VC Letter Patterns
<input type="checkbox"/> _____ 17	Letter-Sound Match: Group 2 CV_VC Letter Patterns
<input type="checkbox"/> _____ 18	Letter-Sound Match: Group 3 CV_VC Letter Patterns
<input type="checkbox"/> _____ 19	Auditory-Visual Match: CV_VC Letter Patterns
<input type="checkbox"/> _____ 20	Sound Match: Blending 3 Sounds
<input type="checkbox"/> _____ 21	Visual Match: CVC Letter Patterns
<input type="checkbox"/> _____ 22	Visual Match: Words with CVC Letter Patterns
<input type="checkbox"/> _____ 23	Letter-Sound Match: Blending 3 Sounds
<input type="checkbox"/> _____ 24	Sound Match: 3 Sound Word Building
<input type="checkbox"/> _____ 25	Letter-Sound Match: 3 Sound Word Building
<input type="checkbox"/> _____ 26	Letter-Sound Match: 3 Letter Word Building
<input type="checkbox"/> _____ 27	Auditory-Visual Match: CVC Letter Patterns
<input type="checkbox"/> _____ 28	Auditory-Visual Match: Words with CVC Letter Patterns
<input type="checkbox"/> _____ 29	Visual Match: Group 1 Words
<input type="checkbox"/> _____ 30	Auditory-Visual Match: Group 1 Words
<input type="checkbox"/> _____ 31	Comprehension: Group 1 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.

2-3 Developmental S2



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial	Skill Area: Skill Type
<input type="checkbox"/> _____ 1	Sound Match: Blending 4 Sounds
<input type="checkbox"/> _____ 2	Visual Match: CVCV Letter Patterns
<input type="checkbox"/> _____ 3	Visual Match: Words with CVCV Letter Patterns
<input type="checkbox"/> _____ 4	Letter-Sound Match: Blending 4 Sounds
<input type="checkbox"/> _____ 5	Auditory-Visual Match: CVCV Letter Patterns
<input type="checkbox"/> _____ 6	Auditory-Visual Match: Words with CVCV Letter Patterns
<input type="checkbox"/> _____ 7	Sound Match: 4 Sound Word Building
<input type="checkbox"/> _____ 8	Visual Match: CCVC Letter Patterns
<input type="checkbox"/> _____ 9	Visual Match: Words with CCVC Letter Patterns
<input type="checkbox"/> _____ 10	Auditory-Visual Match: CCVC Letter Patterns
<input type="checkbox"/> _____ 11	Auditory-Visual Match: Words with CCVC Letter Patterns
<input type="checkbox"/> _____ 12	Letter-Sound Match: 4 Sound Word Building
<input type="checkbox"/> _____ 13	Visual Match: Group 2 Words
<input type="checkbox"/> _____ 14	Auditory-Visual Match: Group 2 Words
<input type="checkbox"/> _____ 15	Comprehension: Group 2 Stories
<input type="checkbox"/> _____ 16	Letter-Sound Match: 4 Letter Word Building
<input type="checkbox"/> _____ 17	Visual Match: CVCC Letter Patterns
<input type="checkbox"/> _____ 18	Visual Match: Words with CVCC Letter Patterns
<input type="checkbox"/> _____ 19	Auditory-Visual Match: CVCC Letter Patterns
<input type="checkbox"/> _____ 20	Auditory-Visual Match: Words with CVCC Letter Patterns
<input type="checkbox"/> _____ 21	Visual Match: Group 1 CVVC Letter Patterns
<input type="checkbox"/> _____ 22	Visual Match: Group 1 Words with CVVC Letter Patterns
<input type="checkbox"/> _____ 23	Auditory-Visual Match: Group 1 CVVC Letter Patterns
<input type="checkbox"/> _____ 24	Auditory-Visual Match: Group 1 Words with CVVC Letter Patterns
<input type="checkbox"/> _____ 25	Visual Match: Group 3 Words
<input type="checkbox"/> _____ 26	Auditory-Visual Match: Group 3 Words
<input type="checkbox"/> _____ 27	Comprehension: Group 3 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.

2-3 Accelerated S1



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial	Skill Area: Skill Type
<input type="checkbox"/> _____ 1	Sound Match: Blending 4 Sounds
<input type="checkbox"/> _____ 2	Visual Match: CVCV Letter Patterns
<input type="checkbox"/> _____ 3	Visual Match: Words with CVCV Letter Patterns
<input type="checkbox"/> _____ 4	Letter-Sound Match: Blending 4 Sounds
<input type="checkbox"/> _____ 5	Auditory-Visual Match: CVCV Letter Patterns
<input type="checkbox"/> _____ 6	Auditory-Visual Match: Words with CVCV Letter Patterns
<input type="checkbox"/> _____ 7	Sound Match: 4 Sound Word Building
<input type="checkbox"/> _____ 8	Visual Match: CCVC Letter Patterns
<input type="checkbox"/> _____ 9	Visual Match: Words with CCVC Letter Patterns
<input type="checkbox"/> _____ 10	Auditory-Visual Match: CCVC Letter Patterns
<input type="checkbox"/> _____ 11	Auditory-Visual Match: Words with CCVC Letter Patterns
<input type="checkbox"/> _____ 12	Letter-Sound Match: 4 Sound Word Building
<input type="checkbox"/> _____ 13	Visual Match: Group 2 Words
<input type="checkbox"/> _____ 14	Auditory-Visual Match: Group 2 Words
<input type="checkbox"/> _____ 15	Comprehension: Group 2 Stories
<input type="checkbox"/> _____ 16	Letter-Sound Match: 4 Letter Word Building
<input type="checkbox"/> _____ 17	Visual Match: CVCC Letter Patterns
<input type="checkbox"/> _____ 18	Visual Match: Words with CVCC Letter Patterns
<input type="checkbox"/> _____ 19	Auditory-Visual Match: CVCC Letter Patterns
<input type="checkbox"/> _____ 20	Auditory-Visual Match: Words with CVCC Letter Patterns
<input type="checkbox"/> _____ 21	Visual Match: Group 1 CVVC Letter Patterns
<input type="checkbox"/> _____ 22	Visual Match: Group 1 Words with CVVC Letter Patterns
<input type="checkbox"/> _____ 23	Auditory-Visual Match: Group 1 CVVC Letter Patterns
<input type="checkbox"/> _____ 24	Auditory-Visual Match: Group 1 Words with CVVC Letter Patterns
<input type="checkbox"/> _____ 25	Visual Match: Group 3 Words
<input type="checkbox"/> _____ 26	Auditory-Visual Match: Group 3 Words
<input type="checkbox"/> _____ 27	Comprehension: Group 3 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.

4-5 Comprehensive S1



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial	Skill Area: Skill Type
<input type="checkbox"/> _____ 1	Sound Match: Rhyming Words
<input type="checkbox"/> _____ 2	Sound Match: Beginning Sounds in Words
<input type="checkbox"/> _____ 3	Sound Match: Ending Sounds in Words
<input type="checkbox"/> _____ 4	Sound Match: Beginning Sounds
<input type="checkbox"/> _____ 5	Sound Match: Ending Sounds
<input type="checkbox"/> _____ 6	Sound Match: Middle Sounds
<input type="checkbox"/> _____ 7	Visual Match: Letters
<input type="checkbox"/> _____ 8	Letter-Sound Match: Group 1 Letters
<input type="checkbox"/> _____ 9	Letter-Sound Match: Group 2 Letters
<input type="checkbox"/> _____ 10	Auditory-Visual Match: Letter Names
<input type="checkbox"/> _____ 11	Auditory-Visual Match: Letter Sounds
<input type="checkbox"/> _____ 12	Letter-Sound Match: Beginning Sounds
<input type="checkbox"/> _____ 13	Letter-Sound Match: Ending Sounds
<input type="checkbox"/> _____ 14	Letter-Sound Match: Middle Sounds
<input type="checkbox"/> _____ 15	Visual Match: CV_VC Letter Patterns
<input type="checkbox"/> _____ 16	Letter-Sound Match: Group 1 CV_VC Letter Patterns
<input type="checkbox"/> _____ 17	Letter-Sound Match: Group 2 CV_VC Letter Patterns
<input type="checkbox"/> _____ 18	Letter-Sound Match: Group 3 CV_VC Letter Patterns
<input type="checkbox"/> _____ 19	Auditory-Visual Match: CV_VC Letter Patterns
<input type="checkbox"/> _____ 20	Sound Match: Blending 3 Sounds
<input type="checkbox"/> _____ 21	Visual Match: CVC Letter Patterns
<input type="checkbox"/> _____ 22	Visual Match: Words with CVC Letter Patterns
<input type="checkbox"/> _____ 23	Letter-Sound Match: Blending 3 Sounds
<input type="checkbox"/> _____ 24	Sound Match: 3 Sound Word Building
<input type="checkbox"/> _____ 25	Letter-Sound Match: 3 Sound Word Building
<input type="checkbox"/> _____ 26	Letter-Sound Match: 3 Letter Word Building
<input type="checkbox"/> _____ 27	Auditory-Visual Match: CVC Letter Patterns
<input type="checkbox"/> _____ 28	Auditory-Visual Match: Words with CVC Letter Patterns
<input type="checkbox"/> _____ 29	Visual Match: Group 1 Words
<input type="checkbox"/> _____ 30	Auditory-Visual Match: Group 1 Words
<input type="checkbox"/> _____ 31	Comprehension: Group 1 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.

4-5 Comprehensive S2



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial	Skill Area: Skill Type
<input type="checkbox"/> _____ 1	Sound Match: Blending 4 Sounds
<input type="checkbox"/> _____ 2	Visual Match: CVCV Letter Patterns
<input type="checkbox"/> _____ 3	Visual Match: Words with CVCV Letter Patterns
<input type="checkbox"/> _____ 4	Letter-Sound Match: Blending 4 Sounds
<input type="checkbox"/> _____ 5	Sound Match: 4 Sound Word Building
<input type="checkbox"/> _____ 6	Auditory-Visual Match: CVCV Letter Patterns
<input type="checkbox"/> _____ 7	Auditory-Visual Match: Words with CVCV Letter Patterns
<input type="checkbox"/> _____ 8	Letter-Sound Match: 4 Sound Word Building
<input type="checkbox"/> _____ 9	Visual Match: Group 2 Words
<input type="checkbox"/> _____ 10	Auditory-Visual Match: Group 2 Words
<input type="checkbox"/> _____ 11	Comprehension: Group 2 Stories
<input type="checkbox"/> _____ 12	Letter-Sound Match: 4 Sound Word Building
<input type="checkbox"/> _____ 13	Visual Match: CVCC Letter Patterns
<input type="checkbox"/> _____ 14	Visual Match: Words with CVCC Letter Patterns
<input type="checkbox"/> _____ 15	Auditory-Visual Match: CVCC Letter Patterns
<input type="checkbox"/> _____ 16	Auditory-Visual Match: Words with CVCC Letter Patterns
<input type="checkbox"/> _____ 17	Visual Match: Group 1 CVVC Letter Patterns
<input type="checkbox"/> _____ 18	Visual Match: Group 1 Words with CVVC Letter Patterns
<input type="checkbox"/> _____ 19	Auditory-Visual Match: Group 1 CVVC Letter Patterns
<input type="checkbox"/> _____ 20	Auditory-Visual Match: Group 1 Words with CVVC Letter Patterns
<input type="checkbox"/> _____ 21	Visual Match: Group 3 Words
<input type="checkbox"/> _____ 22	Auditory-Visual Match: Group 3 Words
<input type="checkbox"/> _____ 23	Comprehension: Group 3 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.

4-5 Comprehensive S3



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial		Skill Area: Skill Type
<input type="checkbox"/> _____	1	Visual Match: Group 2 CVVC Letter Patterns
<input type="checkbox"/> _____	2	Visual Match: Group 2 Words with CVVC Letter Patterns
<input type="checkbox"/> _____	3	Auditory-Visual Match: Group 2 CVVC Letter Patterns
<input type="checkbox"/> _____	4	Auditory-Visual Match: Group 2 Words with CVVC Letter Patterns
<input type="checkbox"/> _____	5	Visual Match: Group 4 Words
<input type="checkbox"/> _____	6	Auditory-Visual Match: Group 4 Words
<input type="checkbox"/> _____	7	Comprehension: Group 4 Stories
<input type="checkbox"/> _____	8	Visual Match: Group 5 Words
<input type="checkbox"/> _____	9	Auditory-Visual Match: Group 5 Words
<input type="checkbox"/> _____	10	Comprehension: Group 5 Stories
<input type="checkbox"/> _____	11	Visual Match: Group 6 Words
<input type="checkbox"/> _____	12	Auditory-Visual Match: Group 6 Words
<input type="checkbox"/> _____	13	Comprehension: Group 6 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.

4-5 Accelerated S1



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial	Skill Area: SkillType
<input type="checkbox"/> _____ 1	Letter-Sound Match: 3 Sound Word Building
<input type="checkbox"/> _____ 2	Letter-Sound Match: 3 Letter Word Building
<input type="checkbox"/> _____ 3	Auditory-Visual Match: Letter Names
<input type="checkbox"/> _____ 4	Auditory-Visual Match: Letter Sounds
<input type="checkbox"/> _____ 5	Sound Match: 4 Sound Word Building
<input type="checkbox"/> _____ 6	Auditory-Visual Match: CV_VC Letter Patterns
<input type="checkbox"/> _____ 7	Letter-Sound Match: 4 Sound Word Building
<input type="checkbox"/> _____ 8	Letter-Sound Match: 4 Letter Word Building
<input type="checkbox"/> _____ 9	Auditory-Visual Match: CVC Letter Patterns
<input type="checkbox"/> _____ 10	Auditory-Visual Match: Words with CVC Letter Patterns
<input type="checkbox"/> _____ 11	Auditory-Visual Match: CVCV Letter Patterns
<input type="checkbox"/> _____ 12	Auditory-Visual Match: Words with CVCV Letter Patterns
<input type="checkbox"/> _____ 13	Visual Match: CVCC Letter Patterns
<input type="checkbox"/> _____ 14	Visual Match: Words with CVCC Letter Patterns
<input type="checkbox"/> _____ 15	Auditory-Visual Match: CVCC Letter Patterns
<input type="checkbox"/> _____ 16	Auditory-Visual Match: Words with CVCC Letter Patterns
<input type="checkbox"/> _____ 17	Visual Match: Group 1 CVVC Letter Patterns
<input type="checkbox"/> _____ 18	Visual Match: Group 1 Words with CVVC Letter Patterns
<input type="checkbox"/> _____ 19	Auditory-Visual Match: Group 1 CVVC Letter Patterns
<input type="checkbox"/> _____ 20	Auditory-Visual Match: Group 1 Words with CVVC Letter Patterns
<input type="checkbox"/> _____ 21	Visual Match: Group 3 Words
<input type="checkbox"/> _____ 22	Auditory-Visual Match: Group 3 Words
<input type="checkbox"/> _____ 23	Comprehension: Group 3 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.

4-5 Accelerated S2



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial	Skill Area: Skill Type
<input type="checkbox"/> _____ 1	Visual Match: Group 4 Words
<input type="checkbox"/> _____ 2	Auditory-Visual Match: Group 4 Words
<input type="checkbox"/> _____ 3	Comprehension: Group 4 Stories
<input type="checkbox"/> _____ 4	Visual Match: Group 2 CVVC Letter Patterns
<input type="checkbox"/> _____ 5	Visual Match: Group 2 Words with CVVC Letter Patterns
<input type="checkbox"/> _____ 6	Auditory-Visual Match: Group 2 CVVC Letter Patterns
<input type="checkbox"/> _____ 7	Auditory-Visual Match: Group 2 Words with CVVC Letter Patterns
<input type="checkbox"/> _____ 8	Visual Match: Group 5 Words
<input type="checkbox"/> _____ 9	Auditory-Visual Match: Group 5 Words
<input type="checkbox"/> _____ 10	Comprehension: Group 5 Stories
<input type="checkbox"/> _____ 11	Visual Match: Group 6 Words
<input type="checkbox"/> _____ 12	Auditory-Visual Match: Group 6 Words
<input type="checkbox"/> _____ 13	Comprehension: Group 6 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.

6-7 Comprehensive S1



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial	Skill Area: Skill Type
<input type="checkbox"/> _____ 1	Sound Match: Beginning Sounds
<input type="checkbox"/> _____ 2	Sound Match: Ending Sounds
<input type="checkbox"/> _____ 3	Sound Match: Middle Sounds
<input type="checkbox"/> _____ 4	Visual Match: Letters
<input type="checkbox"/> _____ 5	Letter-Sound Match: Group 1 Letters
<input type="checkbox"/> _____ 6	Letter-Sound Match: Group 2 Letters
<input type="checkbox"/> _____ 7	Auditory-Visual Match: Letter Names
<input type="checkbox"/> _____ 8	Auditory-Visual Match: Letter Sounds
<input type="checkbox"/> _____ 9	Letter-Sound Match: Beginning Sounds
<input type="checkbox"/> _____ 10	Letter-Sound Match: Ending Sounds
<input type="checkbox"/> _____ 11	Letter-Sound Match: Middle Sounds
<input type="checkbox"/> _____ 12	Visual Match: CV_VC Letter Patterns
<input type="checkbox"/> _____ 13	Letter-Sound Match: Group 1 CV_VC Letter Patterns
<input type="checkbox"/> _____ 14	Letter-Sound Match: Group 2 CV_VC Letter Patterns
<input type="checkbox"/> _____ 15	Letter-Sound Match: Group 3 CV_VC Letter Patterns
<input type="checkbox"/> _____ 16	Auditory-Visual Match: CV_VC Letter Patterns
<input type="checkbox"/> _____ 17	Sound Match: Blending 3 Sounds
<input type="checkbox"/> _____ 18	Visual Match: CVC Letter Patterns
<input type="checkbox"/> _____ 19	Visual Match: Words with CVC Letter Patterns
<input type="checkbox"/> _____ 20	Letter-Sound Match: Blending 3 Sounds
<input type="checkbox"/> _____ 21	Sound Match: 3 Sound Word Building
<input type="checkbox"/> _____ 22	Letter-Sound Match: 3 Sound Word Building
<input type="checkbox"/> _____ 23	Letter-Sound Match: 3 Letter Word Building
<input type="checkbox"/> _____ 24	Auditory-Visual Match: CVC Letter Patterns
<input type="checkbox"/> _____ 25	Auditory-Visual Match: Words with CVC Letter Patterns
<input type="checkbox"/> _____ 26	Visual Match: Group 2 Words
<input type="checkbox"/> _____ 27	Auditory-Visual Match: Group 2 Words
<input type="checkbox"/> _____ 28	Comprehension: Group 2 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.

6-7 Comprehensive S2



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial	Skill Area: Skill Level
<input type="checkbox"/> _____ 1	Sound Match: Blending 4 Sounds
<input type="checkbox"/> _____ 2	Visual Match: CVCV Letter Patterns
<input type="checkbox"/> _____ 3	Visual Match: Words with CVCV Letter Patterns
<input type="checkbox"/> _____ 4	Letter-Sound Match: Blending 4 Sounds
<input type="checkbox"/> _____ 5	Sound Match: 4 Sound Word Building
<input type="checkbox"/> _____ 6	Auditory-Visual Match: CVCV Letter Patterns
<input type="checkbox"/> _____ 7	Auditory-Visual Match: Words with CVCV Letter Patterns
<input type="checkbox"/> _____ 8	Letter-Sound Match: 4 Sound Word Building
<input type="checkbox"/> _____ 9	Visual Match: Group 3 Words
<input type="checkbox"/> _____ 10	Auditory-Visual Match: Group 3 Words
<input type="checkbox"/> _____ 11	Comprehension: Group 3 Stories
<input type="checkbox"/> _____ 12	Letter-Sound Match: 4 Letter Word Building
<input type="checkbox"/> _____ 13	Visual Match: CVCC Letter Patterns
<input type="checkbox"/> _____ 14	Visual Match: Words with CVCC Letter Patterns
<input type="checkbox"/> _____ 15	Auditory-Visual Match: CVCC Letter Patterns
<input type="checkbox"/> _____ 16	Auditory-Visual Match: Words with CVCC Letter Patterns
<input type="checkbox"/> _____ 17	Visual Match: Group 1 CVVC Letter Patterns
<input type="checkbox"/> _____ 18	Visual Match: Group 1 Words with CVVC Letter Patterns
<input type="checkbox"/> _____ 19	Auditory-Visual Match: Group 1 CVVC Letter Patterns
<input type="checkbox"/> _____ 20	Auditory-Visual Match: Group 1 Words with CVVC Letter Patterns
<input type="checkbox"/> _____ 21	Visual Match: Group 4 Words
<input type="checkbox"/> _____ 22	Auditory-Visual Match: Group 4 Words
<input type="checkbox"/> _____ 23	Comprehension: Group 4 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.

6-7 Comprehensive S3



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial		Skill Area: Skill Type
<input type="checkbox"/> _____	1	Visual Match: Group 2 CVVC Letter Patterns
<input type="checkbox"/> _____	2	Visual Match: Group 2 Words with CVVC Letter Patterns
<input type="checkbox"/> _____	3	Auditory-Visual Match: Group 2 CVVC Letter Patterns
<input type="checkbox"/> _____	4	Auditory-Visual Match: Group 2 Words with CVVC Letter Patterns
<input type="checkbox"/> _____	5	Visual Match: Group 5 Words
<input type="checkbox"/> _____	6	Auditory-Visual Match: Group 5 Words
<input type="checkbox"/> _____	7	Comprehension: Group 5 Stories
<input type="checkbox"/> _____	8	Visual Match: Group 6 Words
<input type="checkbox"/> _____	9	Auditory-Visual Match: Group 6 Words
<input type="checkbox"/> _____	10	Comprehension: Group 6 Stories
<input type="checkbox"/> _____	11	Visual Match: Group 7 Words
<input type="checkbox"/> _____	12	Auditory-Visual Match: Group 7 Words
<input type="checkbox"/> _____	13	Comprehension: Group 7 Stories
<input type="checkbox"/> _____	14	Visual Match: Group 8 Words
<input type="checkbox"/> _____	15	Auditory-Visual Match: Group 8 Words
<input type="checkbox"/> _____	16	Comprehension: Group 8 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.

6-7 Moderate S1



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial		Skill Area: Skill Type
<input type="checkbox"/>	_____ 1	Letter-Sound Match: 3 Sound Word Building
<input type="checkbox"/>	_____ 2	Letter-Sound Match: 3 Letter Word Building
<input type="checkbox"/>	_____ 3	Auditory-Visual Match: Letter Names
<input type="checkbox"/>	_____ 4	Auditory-Visual Match: Letter Sounds
<input type="checkbox"/>	_____ 5	Letter-Sound Match: 4 Sound Word Building
<input type="checkbox"/>	_____ 6	Auditory-Visual Match: CV_VC Letter Patterns
<input type="checkbox"/>	_____ 7	Letter-Sound Match: 4 Sound Word Building
<input type="checkbox"/>	_____ 8	Letter-Sound Match: 4 Letter Word Building
<input type="checkbox"/>	_____ 9	Auditory-Visual Match: CVC Letter Patterns
<input type="checkbox"/>	_____ 10	Auditory-Visual Match: Words with CVC Letter Patterns
<input type="checkbox"/>	_____ 11	Auditory-Visual Match: CVCV Letter Patterns
<input type="checkbox"/>	_____ 12	Auditory-Visual Match: Words with CVCV Letter Patterns
<input type="checkbox"/>	_____ 13	Visual Match: CVCC Letter Patterns
<input type="checkbox"/>	_____ 14	Visual Match: Words with CVCC Letter Patterns
<input type="checkbox"/>	_____ 15	Auditory-Visual Match: CVCC Letter Patterns
<input type="checkbox"/>	_____ 16	Auditory-Visual Match: Words with CVCC Letter Patterns
<input type="checkbox"/>	_____ 17	Visual Match: Group 1 CVVC Letter Patterns
<input type="checkbox"/>	_____ 18	Visual Match: Group 1 Words with CVVC Letter Patterns
<input type="checkbox"/>	_____ 19	Auditory-Visual Match: Group 1 CVVC Letter Patterns
<input type="checkbox"/>	_____ 20	Auditory-Visual Match: Group 1 Words with CVVC Letter Patterns
<input type="checkbox"/>	_____ 21	Visual Match: Group 3 Words
<input type="checkbox"/>	_____ 22	Auditory-Visual Match: Group 3 Words
<input type="checkbox"/>	_____ 23	Comprehension: Group 3 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.

6-7 Moderate S2



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial	Skill Area: Skill Type
<input type="checkbox"/> _____ 1	Visual Match: Group 4 Words
<input type="checkbox"/> _____ 2	Auditory-Visual Match: Group 4 Words
<input type="checkbox"/> _____ 3	Comprehension: Group 4 Stories
<input type="checkbox"/> _____ 4	Visual Match: Group 2 CVVC Letter Patterns
<input type="checkbox"/> _____ 5	Visual Match: Group 2 Words with CVVC Letter Patterns
<input type="checkbox"/> _____ 6	Auditory-Visual Match: Group 2 CVVC Letter Patterns
<input type="checkbox"/> _____ 7	Auditory-Visual Match: Group 2 Words with CVVC Letter Patterns
<input type="checkbox"/> _____ 8	Visual Match: Group 5 Words
<input type="checkbox"/> _____ 9	Auditory-Visual Match: Group 5 Words
<input type="checkbox"/> _____ 10	Comprehension: Group 5 Stories
<input type="checkbox"/> _____ 11	Visual Match: Group 6 Words
<input type="checkbox"/> _____ 12	Auditory-Visual Match: Group 6 Words
<input type="checkbox"/> _____ 13	Comprehension: Group 6 Stories
<input type="checkbox"/> _____ 14	Visual Match: Group 7 Words
<input type="checkbox"/> _____ 15	Auditory-Visual Match: Group 7 Words
<input type="checkbox"/> _____ 16	Comprehension: Group 7 Stories
<input type="checkbox"/> _____ 17	Visual Match: Group 8 Words
<input type="checkbox"/> _____ 18	Auditory-Visual Match: Group 8 Words
<input type="checkbox"/> _____ 19	Comprehension: Group 8 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.

6-7 Accelerated S1



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial	Skill Area: Skill Level
<input type="checkbox"/> _____ 1	Letter-Sound Match: 3 Sound Word Building
<input type="checkbox"/> _____ 2	Letter-Sound Match: 3 Letter Word Building
<input type="checkbox"/> _____ 3	Auditory-Visual Match: Letter Names
<input type="checkbox"/> _____ 4	Auditory-Visual Match: Letter Sounds
<input type="checkbox"/> _____ 5	Letter-Sound Match: 4 Sound Word Building
<input type="checkbox"/> _____ 6	Letter-Sound Match: 4 Letter Word Building
<input type="checkbox"/> _____ 7	Auditory-Visual Match: CV_VC Letter Patterns
<input type="checkbox"/> _____ 8	Auditory-Visual Match: CVC Letter Patterns
<input type="checkbox"/> _____ 9	Auditory-Visual Match: Words with CVC Letter Patterns
<input type="checkbox"/> _____ 10	Auditory-Visual Match: CVCV Letter Patterns
<input type="checkbox"/> _____ 11	Auditory-Visual Match: Words with CVCV Letter Patterns
<input type="checkbox"/> _____ 12	Auditory-Visual Match: CVCC Letter Patterns
<input type="checkbox"/> _____ 13	Auditory-Visual Match: Words with CVCC Letter Patterns
<input type="checkbox"/> _____ 14	Auditory-Visual Match: Group 1 CVVC Letter Patterns
<input type="checkbox"/> _____ 15	Auditory-Visual Match: Group 1 Words with CVVC Letter Patterns
<input type="checkbox"/> _____ 16	Auditory-Visual Match: Group 2 CVVC Letter Patterns
<input type="checkbox"/> _____ 17	Auditory-Visual Match: Group 2 Words with CVVC Letter Patterns
<input type="checkbox"/> _____ 18	Visual Match: Group 5 Words
<input type="checkbox"/> _____ 19	Auditory-Visual Match: Group 5 Words
<input type="checkbox"/> _____ 20	Comprehension: Group 5 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.

6-7 Accelerated S2



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial		Skill Area: Skill Type
<input type="checkbox"/> _____	1	Visual Match: Group 6 Words
<input type="checkbox"/> _____	2	Auditory-Visual Match: Group 6 Words
<input type="checkbox"/> _____	3	Comprehension: Group 6 Stories
<input type="checkbox"/> _____	4	Visual Match: Group 7 Words
<input type="checkbox"/> _____	5	Auditory-Visual Match: Group 7 Words
<input type="checkbox"/> _____	6	Comprehension: Group 7 Stories
<input type="checkbox"/> _____	7	Visual Match: Group 8 Words
<input type="checkbox"/> _____	8	Auditory-Visual Match: Group 8 Words
<input type="checkbox"/> _____	9	Comprehension: Group 8 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.

8-Adult Comprehensive S1



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial	Skill Area: Skill Level
<input type="checkbox"/> _____ 1	Letter-Sound Match: Beginning Sounds
<input type="checkbox"/> _____ 2	Letter-Sound Match: Ending Sounds
<input type="checkbox"/> _____ 3	Letter-Sound Match: Middle Sounds
<input type="checkbox"/> _____ 4	Visual Match: CV_VC Letter Patterns
<input type="checkbox"/> _____ 5	Letter-Sound Match: Group 1 CV_VC Letter Patterns
<input type="checkbox"/> _____ 6	Letter-Sound Match: Group 2 CV_VC Letter Patterns
<input type="checkbox"/> _____ 7	Letter-Sound Match: Group 3 CV_VC Letter Patterns
<input type="checkbox"/> _____ 8	Auditory-Visual Match: CV_VC Letter Patterns
<input type="checkbox"/> _____ 9	Sound Match: Blending 3 Sounds
<input type="checkbox"/> _____ 10	Visual Match: CVC Letter Patterns
<input type="checkbox"/> _____ 11	Visual Match: Words with CVC Letter Patterns
<input type="checkbox"/> _____ 12	Letter-Sound Match: Blending 3 Sounds
<input type="checkbox"/> _____ 13	Sound Match: 3 Sound Word Building
<input type="checkbox"/> _____ 14	Letter-Sound Match: 3 Sound Word Building
<input type="checkbox"/> _____ 15	Letter-Sound Match: 3 Letter Word Building
<input type="checkbox"/> _____ 16	Auditory-Visual Match: CVC Letter Patterns
<input type="checkbox"/> _____ 17	Auditory-Visual Match: Words with CVC Letter Patterns
<input type="checkbox"/> _____ 18	Visual Match: Group 3 Words
<input type="checkbox"/> _____ 19	Auditory-Visual Match: Group 3 Words
<input type="checkbox"/> _____ 20	Comprehension: Group 3 Stories
<input type="checkbox"/> _____ 21	Sound Match: Blending 4 Sounds
<input type="checkbox"/> _____ 22	Visual Match: CVCV Letter Patterns
<input type="checkbox"/> _____ 23	Visual Match: Words with CVCV Letter Patterns
<input type="checkbox"/> _____ 24	Letter-Sound Match: Blending 4 Sounds
<input type="checkbox"/> _____ 25	Sound Match: 4 Sound Word Building
<input type="checkbox"/> _____ 26	Auditory-Visual Match: CVCV Letter Patterns
<input type="checkbox"/> _____ 27	Auditory-Visual Match: Words with CVCV Letter Patterns
<input type="checkbox"/> _____ 28	Letter-Sound Match: 4 Sound Word Building
<input type="checkbox"/> _____ 29	Visual Match: Group 4 Words
<input type="checkbox"/> _____ 30	Auditory-Visual Match: Group 4 Words
<input type="checkbox"/> _____ 31	Comprehension: Group 4 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.

8-Adult Comprehensive S2



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial	Skill Area: Skill Type
<input type="checkbox"/> _____ 1	Letter-Sound Match: 4 Letter Word Building
<input type="checkbox"/> _____ 2	Visual Match: CVCC Letter Patterns
<input type="checkbox"/> _____ 3	Visual Match: Words with CVCC Letter Patterns
<input type="checkbox"/> _____ 4	Auditory-Visual Match: CVCC Letter Patterns
<input type="checkbox"/> _____ 5	Auditory-Visual Match: Words with CVCC Letter Patterns
<input type="checkbox"/> _____ 6	Visual Match: Group 1 CVVC Letter Patterns
<input type="checkbox"/> _____ 7	Visual Match: Group 1 Words with CVVC Letter Patterns
<input type="checkbox"/> _____ 8	Auditory-Visual Match: Group 1 CVVC Letter Patterns
<input type="checkbox"/> _____ 9	Auditory-Visual Match: Group 1 Words with CVVC Letter Patterns
<input type="checkbox"/> _____ 10	Visual Match: Group 5 Words
<input type="checkbox"/> _____ 11	Auditory-Visual Match: Group 5 Words
<input type="checkbox"/> _____ 12	Comprehension: Group 5 Stories
<input type="checkbox"/> _____ 13	Visual Match: Group 6 Words
<input type="checkbox"/> _____ 14	Auditory-Visual Match: Group 6 Words
<input type="checkbox"/> _____ 15	Comprehension: Group 6 Stories
<input type="checkbox"/> _____ 16	Visual Match: Group 7 Words
<input type="checkbox"/> _____ 17	Auditory-Visual Match: Group 7 Words
<input type="checkbox"/> _____ 18	Comprehension: Group 7 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.

8-Adult Comprehensive S3



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial		Skill Area: Skill Type
<input type="checkbox"/> _____	1	Visual Match: Group 8 Words
<input type="checkbox"/> _____	2	Auditory-Visual Match: Group 8 Words
<input type="checkbox"/> _____	3	Comprehension: Group 8 Stories
<input type="checkbox"/> _____	4	Visual Match: Group 9 Words
<input type="checkbox"/> _____	5	Auditory-Visual Match: Group 9 Words
<input type="checkbox"/> _____	6	Comprehension: Group 9 Stories
<input type="checkbox"/> _____	7	Visual Match: Group 10 Words
<input type="checkbox"/> _____	8	Auditory-Visual Match: Group 10 Words
<input type="checkbox"/> _____	9	Comprehension: Group 10 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.

8-Adult Moderate S1



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial	Skill Area: Skill Level
<input type="checkbox"/> _____ 1	Letter-Sound Match: 3 Sound Word Building
<input type="checkbox"/> _____ 2	Letter-Sound Match: 3 Letter Word Building
<input type="checkbox"/> _____ 3	Auditory-Visual Match: Letter Names
<input type="checkbox"/> _____ 4	Auditory-Visual Match: Letter Sounds
<input type="checkbox"/> _____ 5	Sound Match: 4 Sound Word Building
<input type="checkbox"/> _____ 6	Auditory-Visual Match: CV_VC Letter Patterns
<input type="checkbox"/> _____ 7	Letter-Sound Match: 4 Sound Word Building
<input type="checkbox"/> _____ 8	Letter-Sound Match: 4 Letter Word Building
<input type="checkbox"/> _____ 9	Auditory-Visual Match: CVC Letter Patterns
<input type="checkbox"/> _____ 10	Auditory-Visual Match: Words with CVC Letter Patterns
<input type="checkbox"/> _____ 11	Auditory-Visual Match: CVCV Letter Patterns
<input type="checkbox"/> _____ 12	Auditory-Visual Match: Words with CVCV Letter Patterns
<input type="checkbox"/> _____ 13	Visual Match: CVCC Letter Patterns
<input type="checkbox"/> _____ 14	Visual Match: Words with CVCC Letter Patterns
<input type="checkbox"/> _____ 15	Auditory-Visual Match: CVCC Letter Patterns
<input type="checkbox"/> _____ 16	Auditory-Visual Match: Words with CVCC Letter Patterns
<input type="checkbox"/> _____ 17	Visual Match: Group 1 CVVC Letter Patterns
<input type="checkbox"/> _____ 18	Visual Match: Group 1 Words with CVVC Letter Patterns
<input type="checkbox"/> _____ 19	Auditory-Visual Match: Group 1 CVVC Letter Patterns
<input type="checkbox"/> _____ 20	Auditory-Visual Match: Group 1 Words with CVVC Letter Patterns
<input type="checkbox"/> _____ 21	Visual Match: Group 5 Words
<input type="checkbox"/> _____ 22	Auditory-Visual Match: Group 5 Words
<input type="checkbox"/> _____ 23	Comprehension: Group 5 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.

8-Adult Moderate S2



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial	Skill Area: Skill Type
<input type="checkbox"/> _____ 1	Visual Match: Group 6 Words
<input type="checkbox"/> _____ 2	Auditory-Visual Match: Group 6 Words
<input type="checkbox"/> _____ 3	Comprehension: Group 6 Stories
<input type="checkbox"/> _____ 4	Visual Match: Group 2 CVVC Letter Patterns
<input type="checkbox"/> _____ 5	Visual Match: Group 2 Words with CVVC Letter Patterns
<input type="checkbox"/> _____ 6	Auditory-Visual Match: Group 2 CVVC Letter Patterns
<input type="checkbox"/> _____ 7	Auditory-Visual Match: Group 2 Words with CVVC Letter Patterns
<input type="checkbox"/> _____ 8	Visual Match: Group 7 Words
<input type="checkbox"/> _____ 9	Auditory-Visual Match: Group 7 Words
<input type="checkbox"/> _____ 10	Comprehension: Group 7 Stories
<input type="checkbox"/> _____ 11	Visual Match: Group 8 Words
<input type="checkbox"/> _____ 12	Auditory-Visual Match: Group 8 Words
<input type="checkbox"/> _____ 13	Comprehension: Group 8 Stories
<input type="checkbox"/> _____ 14	Visual Match: Group 9 Words
<input type="checkbox"/> _____ 15	Auditory-Visual Match: Group 9 Words
<input type="checkbox"/> _____ 16	Comprehension: Group 9 Stories
<input type="checkbox"/> _____ 17	Visual Match: Group 10 Words
<input type="checkbox"/> _____ 18	Auditory-Visual Match: Group 10 Words
<input type="checkbox"/> _____ 19	Comprehension: Group 10 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.

8-Adult Accelerated S1



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial		Skill Area: Skill Type
<input type="checkbox"/>	_____ 1	Letter-Sound Match: 3 Sound Word Building
<input type="checkbox"/>	_____ 2	Letter-Sound Match: 3 Letter Word Building
<input type="checkbox"/>	_____ 3	Auditory-Visual Match: Letter Names
<input type="checkbox"/>	_____ 4	Auditory-Visual Match: Letter Sounds
<input type="checkbox"/>	_____ 5	Letter-Sound Match: 4 Sound Word Building
<input type="checkbox"/>	_____ 6	Letter-Sound Match: 4 Letter Word Building
<input type="checkbox"/>	_____ 7	Auditory-Visual Match: CV_VC Letter Patterns
<input type="checkbox"/>	_____ 8	Auditory-Visual Match: CVC Letter Patterns
<input type="checkbox"/>	_____ 9	Auditory-Visual Match: Words with CVC Letter Patterns
<input type="checkbox"/>	_____ 10	Auditory-Visual Match: CVCV Letter Patterns
<input type="checkbox"/>	_____ 11	Auditory-Visual Match: Words with CVCV Letter Patterns
<input type="checkbox"/>	_____ 12	Auditory-Visual Match: CVCC Letter Patterns
<input type="checkbox"/>	_____ 13	Auditory-Visual Match: Words with CVCC Letter Patterns
<input type="checkbox"/>	_____ 14	Auditory-Visual Match: Group 1 CVVC Letter Patterns
<input type="checkbox"/>	_____ 15	Auditory-Visual Match: Group 1 Words with CVVC Letter Patterns
<input type="checkbox"/>	_____ 16	Auditory-Visual Match: Group 2 CVVC Letter Patterns
<input type="checkbox"/>	_____ 17	Auditory-Visual Match: Group 2 Words with CVVC Letter Patterns
<input type="checkbox"/>	_____ 18	Visual Match: Group 7 Words
<input type="checkbox"/>	_____ 19	Auditory-Visual Match: Group 7 Words
<input type="checkbox"/>	_____ 20	Comprehension: Group 7 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.

8-Adult Accelerated S2



Skills Progress Checklist

Student name: _____

School year: _____

Students should check off each skill completed. Teachers can initial in the space provided.

Note: If the student receives a new skill as an intervention, the training program will be slightly resequenced.

Initial		Skill Area: Skill Type
<input type="checkbox"/> _____	1	Visual Match: Group 8 Words
<input type="checkbox"/> _____	2	Auditory-Visual Match: Group 8 Words
<input type="checkbox"/> _____	3	Comprehension: Group 8 Stories
<input type="checkbox"/> _____	4	Visual Match: Group 9 Words
<input type="checkbox"/> _____	5	Auditory-Visual Match: Group 9 Words
<input type="checkbox"/> _____	6	Comprehension: Group 9 Stories
<input type="checkbox"/> _____	7	Visual Match: Group 10 Words
<input type="checkbox"/> _____	8	Auditory-Visual Match: Group 10 Words
<input type="checkbox"/> _____	9	Comprehension: Group 10 Stories

Note: Use this checklist for reinforcing the student's achievements and for discussing progress with the student. You can also keep it as a hardcopy record of the student's progress to date.