

Vowel Clusters Assessment—Individual Record

Name _____ Age _____ Year _____ Date _____

List 1

Vowel Cluster	✓ if the child shows good control of vowel cluster
seal	
sail	
stain	
meal	
boat	
main	
real	
rain	
speak	
sheets	
float	
bean	
peel	
sweet	
heat	
braid	
lean	
soap	
train	
seen	
goat	
neat	
road	
Total	
	ee
	ea
	ai
	oa

List 2

Vowel Cluster	✓ if the child shows good control of vowel cluster	
claw		
cows		
crawl		
toe		
spoon		
new		
few		
good		
tray		
book		
grief		
grow		
house		
moon		
snow		
pout		
brown		
spray		
thief		
wood		
Total		
	ay	oo
	aw	ou
	ew	ow
	ie	oe

List 3

Vowel Cluster	✓ if the child shows good control of vowel cluster	
pour		
pearl		
boar		
air		
career		
your		
pier		
hair		
tier		
poor		
rear		
floor		
peer		
soar		
Total		
	eer	ier
	ear	our
	air	oor
	oar	

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