

## **Beginner Literacy/ELD Assessment Tool**

| Your Name                                              |              |     |    |
|--------------------------------------------------------|--------------|-----|----|
| Your Address                                           |              |     |    |
| Your Phone Number                                      |              |     |    |
| Your Email Address                                     |              |     |    |
| Your Goals                                             |              |     |    |
| I understood my tutor.                                 |              | YES | NO |
| I spoke in English during class.                       |              | YES | NO |
| I learned a new word today.                            |              | YES | NO |
| Write the new word.                                    |              |     |    |
| I need to practice more words.                         |              | YES | NO |
| Write the practice words                               |              |     |    |
| I will practice speaking new wo                        | rds at home. | YES | NO |
| Practice writing a short sentence using your new word. |              |     |    |
|                                                        |              |     |    |
|                                                        |              |     |    |