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 words at home.  YES NO

Practice writing a short sentence using your new word.

_________________________________________________________________
_________________________________________________________________