

Name: _____

Date: _____

Retest for Unit No. _____

Page 1

Sounds



1

2



3

4



Sound Alike Words



1

2



3

4



Words



1

2



3

4



5



Name: _____

Date: _____

Retest for Unit No. _____

Page 2

Sentences



1



2



Retest Grading

Sounds: _____ / 4

Sound Alike Words: _____ / 4

Words: _____ / 5

Sentences: _____

Marking: _____ / 5

Words: _____ / 5

Trick Words: _____ / 2

Score: _____

x 4

Total Score: _____ / 100

Legibility

Capitalization

Punctuation

Phrasing