

# DIAGNOSTIC PLACEMENT TEST

## SUMMARY SHEET

Pupil's Name \_\_\_\_\_ Examiner \_\_\_\_\_

Grade \_\_\_\_\_ Date \_\_\_\_\_ School \_\_\_\_\_

LEVEL	WORD LISTS	READING SELECTIONS					
		Oral Reading Accuracy (in context)	Comprehension Scores			Rate in Words per Minute	
			Oral	Silent	Average	Oral	Silent
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							

Levels (based on above data and teacher judgment)

Independent Reading Level: \_\_\_\_\_

Instructional Reading Level: \_\_\_\_\_

Frustration Reading Level: \_\_\_\_\_

Hearing Capacity Level: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_