LWR Screening Lists Record Sheet

Learner's Name:_____

Date: _____ Person administering:_____

List 1	Answer ✓	List 2	Answer ✓	List 3	Answer ✓	List 4	Answer ✓
1. in		1. glass		1. cry		1. about	
2. is		2. send		2. loaf		2. bought	
3. the		3. dropped		3. die		3. shook	
4. a		4. far		4. flight		4. gentle	
5. to		5. running		5. eleven		5. cough	
6. has		6. after		6. future		6. thumb	
7. her		7. quick		7. menu		7. weigh	
8. this		8. girls		8. money		8. schedule	
9. she		9. then		9. retire		9. wrong	
10. his		10. hurry		10. short		10. pressure	
		11. which		11. snow		11. league	
		12. were		12. table		12. excuse	
		13. dishes		13. zero		13. annoy	
		14. work		14. sleep		14. choose	
		15. from		15. paint		15. ache	
						16. crawl	
						17. beautiful	
						18. hour	
						19. above	
						20. argue	

Scores:

List 1	List 2	List 3	List 4
Total correct	**Total correct:**	**Total correct**	**Total correct**
/10	**/15**	**/15**	**/20**
Mastery: 9/10	Mastery 13/15	Mastery 13/15	Mastery 18/20