Form:	School ID:	School Name:	Class:	Date:	Assessor:
GLL2	|____|____|____|____|		1 5	|___|___|___|___|___|___|	|____|____|

Child ID:	Age: years	☐ Male ☐ Female	Parent's Name:
|____|____|____|____|____|____|____|	|____|____|		

Child First Name:	Child Surname:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

a b c d e f g h i j k l m n o p q r s t u v w x y z

1. _____

2. _____

3. _____

4. _____

5. _____

Spelling