

**Name:** \_\_\_\_\_

(Please only use 1 sheet per week and leave extras in the page protector.)

## SPELLING PRACTICE

<b>Day 1</b>	<b>Read all words 2X</b>
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In the blanks below, write the words in LIST A three times each

<b>Day 2</b>	<b>Look / Say</b>	<b>Cover / Write</b>	<b>Write again</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Write 5 sentences: using words from LIST A

<b>Day 3</b>	
1 .	
2 .	
3 .	
4 .	
5 .	

**SPELLING TEST PRACTICE**

<b>Day 4</b>		