

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

Date: \_\_\_\_\_

## **SPELLING WORD PRACTICE**

Listen to your teacher and write each word three times.

- |     |       |       |       |
|-----|-------|-------|-------|
| 1.  | _____ | _____ | _____ |
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|     | _____ | _____ | _____ |
| 2.  | _____ | _____ | _____ |
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| 10. | _____ | _____ | _____ |
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