

Name \_\_\_\_\_

Date \_\_\_\_\_

## Pre-Primer Sight Word

\*\*Will be tested at the end of the 1<sup>st</sup> nine weeks (beginning of October)\*\*

	Yes	No		Yes	No
a	_____	_____	look	_____	_____
and	_____	_____	make	_____	_____
away	_____	_____	me	_____	_____
big	_____	_____	my	_____	_____
blue	_____	_____	not	_____	_____
can	_____	_____	one	_____	_____
come	_____	_____	play	_____	_____
down	_____	_____	red	_____	_____
find	_____	_____	run	_____	_____
for	_____	_____	said	_____	_____
funny	_____	_____	see	_____	_____
go	_____	_____	the	_____	_____
help	_____	_____	three	_____	_____
here	_____	_____	to	_____	_____
I	_____	_____	two	_____	_____
in	_____	_____	up	_____	_____
is	_____	_____	we	_____	_____
it	_____	_____	where	_____	_____
jump	_____	_____	yellow	_____	_____
little	_____	_____	you	_____	_____