

Name \_\_\_\_\_

Date \_\_\_\_\_

### Primer Sight Word Test

\*\*Will be tested at the end of the 2<sup>nd</sup> nine weeks (middle of December)\*\*

	Yes	No		Yes	No		Yes	No
all	_____	_____	he	_____	_____	soon	_____	_____
am	_____	_____	into	_____	_____	that	_____	_____
are	_____	_____	like	_____	_____	there	_____	_____
at	_____	_____	must	_____	_____	they	_____	_____
ate	_____	_____	new	_____	_____	this	_____	_____
be	_____	_____	no	_____	_____	too	_____	_____
black	_____	_____	now	_____	_____	under	_____	_____
brown	_____	_____	on	_____	_____	want	_____	_____
but	_____	_____	our	_____	_____	was	_____	_____
came	_____	_____	out	_____	_____	well	_____	_____
did	_____	_____	please	_____	_____	went	_____	_____
do	_____	_____	pretty	_____	_____	what	_____	_____
eat	_____	_____	ran	_____	_____	white	_____	_____
four	_____	_____	ride	_____	_____	who	_____	_____
get	_____	_____	saw	_____	_____	will	_____	_____
good	_____	_____	say	_____	_____	with	_____	_____
have	_____	_____	she	_____	_____	yes	_____	_____
			so	_____	_____			