

Name\_\_\_\_\_

Date\_\_\_\_\_

## Second Grade Sight Word List

**\*\*Will be tested at the end of the 4<sup>th</sup> nine weeks (beginning of May)\*\***

Yes	No	Yes	No	Yes	No
always_____	_____	gave _____	_____	these _____	_____
around_____	_____	goes _____	_____	those _____	_____
because_____	_____	green _____	_____	upon _____	_____
been _____	_____	its _____	_____	us _____	_____
before_____	_____	made _____	_____	use _____	_____
best _____	_____	many _____	_____	very _____	_____
both _____	_____	off _____	_____	wash _____	_____
buy _____	_____	or _____	_____	which _____	_____
call _____	_____	pull _____	_____	why _____	_____
cold _____	_____	read _____	_____	wish _____	_____
does _____	_____	right _____	_____	work _____	_____
don't _____	_____	sing _____	_____	would _____	_____
fast _____	_____	sit _____	_____	write _____	_____
first _____	_____	sleep _____	_____	your _____	_____
five _____	_____	tell _____	_____		
found _____	_____	their _____	_____		