

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

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

# Sight Words Practice

L Q F D X X Z H K R

O O O I O W I T H T

T N R A Q Q S S Y A

D S B N F X H I V H

M M T O W B E A R E

B S R W S T H E Y Z

X T Y M A Z N M V S

O P U S H P H P R X

K L A S I N F Q X I

B P Q Q S H W A S V

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