

Dolch Sight Words

CHECKLIST

NAME: _____ DATE: _____ SCORE: _____

- | | | | | |
|---------------------------------|-------------------------------|---------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> about | <input type="checkbox"/> fall | <input type="checkbox"/> kind | <input type="checkbox"/> seven | <input type="checkbox"/> warm |
| <input type="checkbox"/> better | <input type="checkbox"/> far | <input type="checkbox"/> laugh | <input type="checkbox"/> shall | <input type="checkbox"/> well |
| <input type="checkbox"/> bring | <input type="checkbox"/> full | <input type="checkbox"/> light | <input type="checkbox"/> show | <input type="checkbox"/> wish |
| <input type="checkbox"/> carry | <input type="checkbox"/> got | <input type="checkbox"/> long | <input type="checkbox"/> six | <input type="checkbox"/> better |
| <input type="checkbox"/> clean | <input type="checkbox"/> grow | <input type="checkbox"/> much | <input type="checkbox"/> small | <input type="checkbox"/> bring |
| <input type="checkbox"/> cut | <input type="checkbox"/> hold | <input type="checkbox"/> myself | <input type="checkbox"/> start | <input type="checkbox"/> carry |
| <input type="checkbox"/> done | <input type="checkbox"/> hot | <input type="checkbox"/> never | <input type="checkbox"/> ten | <input type="checkbox"/> clean |
| <input type="checkbox"/> draw | <input type="checkbox"/> hurt | <input type="checkbox"/> only | <input type="checkbox"/> today | <input type="checkbox"/> cut |
| <input type="checkbox"/> drink | <input type="checkbox"/> if | <input type="checkbox"/> own | <input type="checkbox"/> together | <input type="checkbox"/> done |
| <input type="checkbox"/> eight | <input type="checkbox"/> keep | <input type="checkbox"/> pick | <input type="checkbox"/> try | <input type="checkbox"/> draw |