

Name: _____

Date: _____

Sight Words

A T T R D V Q Y I F

H H R H Y X Q W H Y

U E Y X D W G I C I

W H E N H H R G G W

O F F N F O N M W Q

S Q O T H E R S H E

Y B H C P E D A A F

D W E R E E C E T I

S P T H E R E B U W

X S A W H E R E W X

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