

Name: _____

Date: _____

Sight words

Q C C P P P B N S K

T J P M Y Q T H E A

B N V I Y E G L L X

X S Z E O H H I W E

D E V U U R O K D W

M E T O O N J E E H

E A I G W C O M E A

U A N D I D J K H T

U K J Y T I D J F T

M M E D H C Q B G B

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