

Name: _____

Date: _____

Sight words

Write the words in the empty boxes

NUMBER	PEOPLE	ABOUT	PART
MAKE	HAVE	HAD	

H	T	L	N	K	J	X	O	A	W	S	Q	S	M
J	L	M	P	A	R	T	E	S	B	K	Y	T	Y
J	Y	Q	I	T	Z	J	O	V	K	I	U	X	B
N	G	H	Q	O	A	W	Z	Y	X	O	W	Z	H
W	N	L	L	I	R	B	C	Q	B	L	Q	Z	H
E	I	Y	K	P	N	L	C	A	J	E	Q	U	N
W	K	B	M	U	H	H	Y	V	D	V	L	Z	H
L	N	A	M	J	B	N	A	F	X	A	F	D	D
R	I	B	M	V	R	A	H	D	E	H	R	S	B
E	E	P	J	Z	N	R	D	X	Z	L	H	T	W
R	N	N	L	P	E	L	P	O	E	P	B	J	A
H	E	J	M	O	B	Y	D	W	P	N	D	L	B
M	G	F	A	N	Z	M	B	S	R	N	P	M	U
T	C	Y	F	Z	E	E	V	X	P	O	L	S	E

H	T	L	N	K	J	X	O	A	W	S	Q	S	M
J	L	M	P	A	R	T	E	S	B	K	Y	T	Y
J	Y	Q	I	T	Z	J	O	V	K	I	U	X	B
N	G	H	Q	O	A	W	Z	Y	X	O	W	Z	H
W	N	L	L	I	R	B	C	Q	B	L	Q	Z	H
E	I	Y	K	P	N	L	C	A	J	E	Q	U	N
W	K	B	M	U	H	H	Y	V	D	V	L	Z	H
L	N	A	M	J	B	N	A	F	X	A	F	D	D
R	I	B	M	V	R	A	H	D	E	H	R	S	B
E	E	P	J	Z	N	R	D	X	Z	L	H	T	W
R	N	N	L	P	E	L	P	O	E	P	B	J	A
H	E	J	M	O	B	Y	D	W	P	N	D	L	B
M	G	F	A	N	Z	M	B	S	R	N	P	M	U
T	C	Y	F	Z	E	E	V	X	P	O	L	S	E