

Name: _____ Date: _____

School

1. sub _____

2. sochol _____

3. peicnl _____

4. dsek _____

5. cayonr _____

6. epapr _____

7. trachee _____

8. drea _____

9. dda _____

10. tounc _____

School

1. bus
2. school
3. pencil
4. desk
5. crayon
6. paper
7. teacher
8. read
9. add
10. count