## Sight Word List Check Off

Name

| Date | Date | Date | Date | Date | Date |
| :---: | :---: | :---: | :---: | :---: | :---: |
| List 1 | List 2 | List 3 | List 4 | List 5 | List 6 |
| --- | -. at | -- what | -- good | -- so | -- about |
| -.-see | -- it | -- for | -- and | -. but | -- again |
| -- a | -- this | --yes | .-.they | --up | -- any |
| --am | -- will | -- did | .- come | -- our | -- been |
| -- to | -- do | -- she | -- are | .- that | -- boy |
| -- like | -- we | .-. in | -. has | --be | -- after |
| .- the | -- on | -.no | -- get | -. not | --an |
| --my | -- you | -- was | -- said | -- all | -- as |
| -- go | -- is | -- he | -- make | -- with | -- before |
| --can | -. little | -- me | -- Who | .- there | -.-by |



