

Name: _____

Date: ____/____/____

WEEKLY PRACTICE TEST

| Spelling Words |
|----------------|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |
| 8. |
| 9. |
| 10. |
| 11. |
| 12. |
| 13. |
| 14. |
| 15. |
| 16. |
| 17. |
| 18. |
| 19. |
| 20. |

This test was given by:

Parent Signature:

***Any words that are spelled incorrectly should be rewritten 5 times on the back.

RETURN COMPLETED
PRACTICE TEST TO
SCHOOL ON FRIDAY!

The weekly spelling assessment will be given on Friday.