

Name: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

# Weekly Practice Test

Spelling Words
1.
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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  
Thursday!**

The final spelling test will be on THURSDAY.