

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## Spelling Assessment

*Type the spelling words as your teacher calls them out.*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

*Type the sentence as your teacher calls it out.*

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