Name:_____ 1º_

NUMBERS 1-10

NUMBER	Writing	Practice
1	ONE One	
2	TWO Two	
3	THREE Three	
4	FOUR Four	
5	FIVE Five	
6	SIX Six	
7	SEVEN Seven	
8	EIGHT Eight	
9	NINE Nine	
10	TEN Ten	

LIVEWORKSHEETS

Name:_____ 1º_

DAYS OF THE WEEK

Day		Practice
MONDAY	Monday	
TUESDAY	Tuesday	
WEDNESDAY	Wednesday	
THURSDAY	Thursday	
FRIDAY	Friday	
SATURDAY	Saturday	
SUNDAY	Sunday	

MONTHS OF THE YEAR

Months		Practice
JANUARY	January	
FEBRUARY	February	
MARCH	March	
APRIL	April	
MAY	May	
JUNE	June	
JULY	July	
AUGUST	August	
SEPTEMBER	September	
OCTOBER	October	
NOVEMBER	November	
DECEMBER	December	

LIVEWORKSHEETS