

Name \_\_\_\_\_ Date \_\_\_\_\_



**Write the word in the right box**

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

- |         |        |          |        |         |         |     |      |
|---------|--------|----------|--------|---------|---------|-----|------|
| pupil   | people | paint    | pen    | pencil  | park    | map | page |
| pajamas | puppy  | pot      | puzzle | happy   | penguin | tap |      |
| popcorn | pan    | pancakes | drop   | picture | soap    |     |      |