NAME: _____ DATE: _____

# Spelling Test

| | Click on the box on the left, and listen to the pronunciation of the word. Next spell the word that is said next to the same box. | |
|---|---|---|
| | **Example:** | |
| 1 | over | |
| 2 | new | |
| 3 | sound | |
| 4 | take | |
| 5 | only | |
| 6 | work | |
| 7 | little | |
| 8 | know | |
| 9 | place | |
| 10 | years | |
| 11 | live | |
| 12 | me | |

LIVEWORKSHEETS