

Name: \_\_\_\_\_ Section: \_\_\_\_\_ Date: \_\_\_\_\_

Choose the correct suffix to complete the given word.

|                                                                                     |                                                                                                          |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
|    | develop_____ <div data-bbox="1059 412 1246 530">ful</div> <div data-bbox="1265 412 1442 530">ment</div>  |
|    | fear_____ <div data-bbox="1067 725 1244 844">ful</div> <div data-bbox="1265 725 1449 844">ment</div>     |
|   | pay_____ <div data-bbox="1059 1005 1236 1124">ful</div> <div data-bbox="1257 1005 1441 1124">ment</div>  |
|  | pain_____ <div data-bbox="1059 1330 1236 1449">ful</div> <div data-bbox="1257 1330 1441 1449">ment</div> |
|  | move_____ <div data-bbox="1053 1686 1230 1805">ful</div> <div data-bbox="1251 1686 1434 1805">ment</div> |



help\_\_\_\_\_

ful

ment



enjoy\_\_\_\_\_

ful

ment



thank\_\_\_\_\_

ful

ment



color\_\_\_\_\_

ful

ment



treatment\_\_\_\_\_

ful

ment