

Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Weekly Practice Test

<b>Spelling Words</b>
<b>1.</b>
<b>2.</b>
<b>3.</b>
<b>4.</b>
<b>5.</b>
<b>6.</b>
<b>7.</b>
<b>8.</b>
<b>9.</b>
<b>10.</b>
<b>11.</b>
<b>12.</b>
<b>13.</b>
<b>14.</b>
<b>15.</b>
<b>16.</b>
<b>17.</b>
<b>18.</b>

**This test was given by:**

\_\_\_\_\_

**Parent Signature:**

\_\_\_\_\_

-----  
*\*Any words that are spelled  
Incorrectly should be  
rewritten 5 times on the back.*

**Return  
Completed  
Practice Test  
to School on  
Friday!**

*The final spelling test will  
be on Friday. Failure to  
bring this slip back  
signed will result in 10  
minutes of lost recess  
until it is brought back to  
school.*