

Name: \_\_\_\_\_ Parent Initials: \_\_\_\_\_

Monday	<b>Sort the Words</b>	Time 1: _____ Time 2: _____	<input type="checkbox"/>
Tuesday	<b>Blind Buddy Sort</b>	Write words under headings	<input type="checkbox"/>
Wednesday	<b>Word Hunt</b>	3 new words per category	<input type="checkbox"/>
Thursday	<b>Writing Sort</b>	Sort words	<input type="checkbox"/>
Friday	<b>Test</b>	Spelling words & 2 sentences	

**Word Hunt**

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**Blind Buddy Sort**

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