

NAME _____

DATE _____

GIVEN AND MARKED BY _____

SPELLING PARTNER PRACTICE TEST

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

TIP: If you make any mistakes, write your corrections three times on the back of this page.

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