

Name _____

Homework Aug. 20, 2018

Please return on Friday, August 24, 2018

P o p a d C v N y z S U c l m n y b c m O P Q s T d u
w q z N W q R I P o l b v c x z h g f r d x z l L m B

A the five zero one three four two

Please practice each sight word every night with your child.

Day 1

Complete pages 34 and 35 in the agenda. Practice writing first name on the lined paper. Practice counting to 25.

Parent signature: _____

Day 2

Practice saying the letters in the box at the top of the page. My child can name _____ letters in 60 seconds. Practice thinking of words that begin with /L/ and /O/.

Parent signature: _____

Day 3

Write numbers 0-5 using the lines. Practice naming the numbers in the box at the bottom of the page. Complete math counting on the back.

Parent signature: _____

Handwriting practice lines consisting of solid top and bottom lines with a dashed middle line, repeated 10 times down the right side of the page.

9 8 3 5 7 1 2 10 4 6 0