

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

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

Time: \_\_\_\_ : \_\_\_\_ - \_\_\_\_ : \_\_\_\_

Complete the words by filling in the correct phonic sound.



c \_\_\_\_\_ t



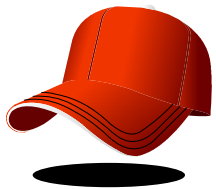
f \_\_\_\_\_ t



b \_\_\_\_\_ g



ol \_\_\_\_\_ g



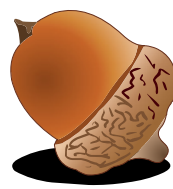
c \_\_\_\_\_ p



l \_\_\_\_\_ p



s \_\_\_\_\_ n



n \_\_\_\_\_ t