

Phonics

Name: _____

Date: _____

Fill in the blanks under the image with the right digraph.

sh

ck

ch

kn

ch

kn



___i p



___e s s



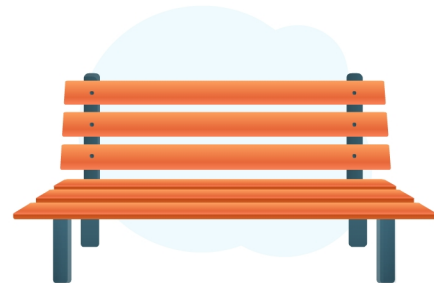
T r u ___



___e e



___o t



B e n ___

Activity oriented

Good



Very good



Excellent



Teacher's Sign: _____