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

Building Sight Words

1. \_\_\_\_\_\_\_\_\_\_ is my good friend.
2. \_\_\_\_\_\_\_\_ you like going to the park?
3. \_\_\_\_\_\_\_\_\_\_ old are you?
4. \_\_\_\_\_\_\_\_\_\_\_\_\_ day do we have P.E.?

**she how which do**