Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year\_\_\_\_\_\_\_\_\_\_\_\_

Kindergarten Sight Words

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a | I | the | can | am |
| said | as | is | and | at |
| it | if | in | an | on |
| do | to | got | big | of |
| see | be | has | he | me |
| from | look | are | was | yes |
| you | have | what | want | all |
| go | she | we | that | they |
| this | were | with | so | off |
| when | for | there | where | my |
| by | who | like | here | come |
| could | should | or | give | live |
| 1st: | 2nd: | 3rd: | 4th: |  |