Name: _____

# Sight Word Test

**Unit 9**

Your teacher will read some words. Circle the words you hear.

| Box 1 | Box 2 | Box 3 |
|---|---|---|
| om | off | clip |
| on | ov | cip |

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| Box 4 | Box 5 |
|---|---|
| af | ill |
| fo | will |
| off | wilt |
| of | well |

# Teacher Page

## Sight Word Test

**Unit 9**

Read the following words to your students.
Ask them to circle the correct word.

Box 1: **on**

Box 2: **off**

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