

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

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

# S-Blends

Complete each word with a blend from the word boxes..

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ool

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

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

# S-Blends

Complete each word with a blend from the word boxes..

sl

sc

sk

sp

sm

sn

st

sw

sk



sleep



scale



skate



spoon



smile



snake



star



swim



stool