

# Sight Word Pack

Dolch Third grade · 41 words

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

|        |       |        |       |          |
|--------|-------|--------|-------|----------|
| about  | eight | if     | only  | ten      |
| better | fall  | keep   | own   | today    |
| bring  | far   | kind   | pick  | together |
| carry  | full  | laugh  | seven | try      |
| clean  | got   | light  | shall | warm     |
| cut    | grow  | long   | show  |          |
| done   | hold  | much   | six   |          |
| draw   | hot   | myself | small |          |
| drink  | hurt  | never  | start |          |

## In this pack

- Flashcards — 6 sheets
- Read, trace & write — 6 sheets
- Bingo: caller's sheet + 4 5×5 cards
- Assessment sheet — 2 pages
- Progress tracker with 4 test dates — 2 pages

**about better**

**bring carry**

**clean cut**

**done draw**

**drink**

**eight**

**fall**

**far**

**full**

**got**

**grow**

**hold**

**hot**

**hurt**

**if**

**keep**

**kind**

**laugh**

**light**

**long**

**much**   **myself**

**never**   **only**

**own**   **pick**

**seven**   **shall**

**show**

**six**

**small**

**start**

**ten**

**today**

**together**

**try**

**warm**

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

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

# Read, Trace & Write

Dolch Third grade · sheet 1 of 6

READ

TRACE

WRITE

**about** about

**better** better

**bring** bring

**carry** carry

**clean** clean

**cut** cut

**done** done

**draw** draw

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

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

# Read, Trace & Write

Dolch Third grade · sheet 2 of 6

READ

TRACE

WRITE

**drink**

drink

\_\_\_\_\_

**eight**

eight

\_\_\_\_\_

**fall**

fall

\_\_\_\_\_

**far**

far

\_\_\_\_\_

**full**

full

\_\_\_\_\_

**got**

got

\_\_\_\_\_

**grow**

grow

\_\_\_\_\_

**hold**

hold

\_\_\_\_\_

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

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

# Read, Trace & Write

Dolch Third grade · sheet 3 of 6

READ

TRACE

WRITE

hot

hot

\_\_\_\_\_

hurt

hurt

\_\_\_\_\_

if

if

\_\_\_\_\_

keep

keep

\_\_\_\_\_

kind

kind

\_\_\_\_\_

laugh

laugh

\_\_\_\_\_

light

light

\_\_\_\_\_

long

long

\_\_\_\_\_

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

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

# Read, Trace & Write

Dolch Third grade · sheet 4 of 6

READ

TRACE

WRITE

**much**

much

\_\_\_\_\_

**myself**

myself

\_\_\_\_\_

**never**

never

\_\_\_\_\_

**only**

only

\_\_\_\_\_

**own**

own

\_\_\_\_\_

**pick**

pick

\_\_\_\_\_

**seven**

seven

\_\_\_\_\_

**shall**

shall

\_\_\_\_\_

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

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

# Read, Trace & Write

Dolch Third grade · sheet 5 of 6

READ

TRACE

WRITE

**show**

show

\_\_\_\_\_

**six**

six

\_\_\_\_\_

**small**

small

\_\_\_\_\_

**start**

start

\_\_\_\_\_

**ten**

ten

\_\_\_\_\_

**today**

today

\_\_\_\_\_

**together**

together

\_\_\_\_\_

**try**

try

\_\_\_\_\_

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

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

# Read, Trace & Write

Dolch Third grade · sheet 6 of 6

READ

TRACE

WRITE

**warm**

warm

\_\_\_\_\_

-----

\_\_\_\_\_

# Sight Word Bingo

## CALLER'S SHEET

Call the words in this order and tick each one. Every card has 24 of these 41 words.

- |                                             |                                           |
|---------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> 1. <b>seven</b>    | <input type="checkbox"/> 22. <b>long</b>  |
| <input type="checkbox"/> 2. <b>together</b> | <input type="checkbox"/> 23. <b>carry</b> |
| <input type="checkbox"/> 3. <b>myself</b>   | <input type="checkbox"/> 24. <b>grow</b>  |
| <input type="checkbox"/> 4. <b>better</b>   | <input type="checkbox"/> 25. <b>hurt</b>  |
| <input type="checkbox"/> 5. <b>hot</b>      | <input type="checkbox"/> 26. <b>far</b>   |
| <input type="checkbox"/> 6. <b>only</b>     | <input type="checkbox"/> 27. <b>shall</b> |
| <input type="checkbox"/> 7. <b>try</b>      | <input type="checkbox"/> 28. <b>if</b>    |
| <input type="checkbox"/> 8. <b>laugh</b>    | <input type="checkbox"/> 29. <b>clean</b> |
| <input type="checkbox"/> 9. <b>draw</b>     | <input type="checkbox"/> 30. <b>ten</b>   |
| <input type="checkbox"/> 10. <b>six</b>     | <input type="checkbox"/> 31. <b>show</b>  |
| <input type="checkbox"/> 11. <b>cut</b>     | <input type="checkbox"/> 32. <b>done</b>  |
| <input type="checkbox"/> 12. <b>hold</b>    | <input type="checkbox"/> 33. <b>never</b> |
| <input type="checkbox"/> 13. <b>warm</b>    | <input type="checkbox"/> 34. <b>bring</b> |
| <input type="checkbox"/> 14. <b>eight</b>   | <input type="checkbox"/> 35. <b>small</b> |
| <input type="checkbox"/> 15. <b>pick</b>    | <input type="checkbox"/> 36. <b>own</b>   |
| <input type="checkbox"/> 16. <b>today</b>   | <input type="checkbox"/> 37. <b>got</b>   |
| <input type="checkbox"/> 17. <b>fall</b>    | <input type="checkbox"/> 38. <b>drink</b> |
| <input type="checkbox"/> 18. <b>about</b>   | <input type="checkbox"/> 39. <b>kind</b>  |
| <input type="checkbox"/> 19. <b>much</b>    | <input type="checkbox"/> 40. <b>start</b> |
| <input type="checkbox"/> 20. <b>keep</b>    | <input type="checkbox"/> 41. <b>full</b>  |
| <input type="checkbox"/> 21. <b>light</b>   |                                           |

# Sight Word Bingo

| B        | I     | N      | G     | O     |
|----------|-------|--------|-------|-------|
| own      | shall | myself | keep  | seven |
| ten      | far   | pick   | six   | only  |
| cut      | draw  | FREE   | hurt  | small |
| together | about | clean  | never | today |
| light    | drink | much   | show  | laugh |

# Sight Word Bingo

| B     | I     | N      | G      | O    |
|-------|-------|--------|--------|------|
| six   | long  | myself | pick   | if   |
| eight | keep  | start  | clean  | cut  |
| own   | much  | FREE   | full   | warm |
| about | show  | hold   | only   | hurt |
| never | bring | small  | better | done |

# Sight Word Bingo

| B      | I     | N     | G        | O     |
|--------|-------|-------|----------|-------|
| carry  | far   | never | show     | pick  |
| about  | light | full  | shall    | only  |
| myself | draw  | FREE  | try      | six   |
| own    | done  | small | cut      | eight |
| long   | start | keep  | together | hold  |

# Sight Word Bingo

| B      | I    | N     | G      | O     |
|--------|------|-------|--------|-------|
| today  | far  | keep  | draw   | own   |
| fall   | much | drink | eight  | hurt  |
| seven  | hold | FREE  | start  | never |
| bring  | warm | only  | carry  | six   |
| myself | ten  | show  | better | about |

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

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

# Read the Words

Dolch Third grade · read each word aloud · sheet 1 of 2

**about**

**better**

**bring**

**carry**

**clean**

**cut**

**done**

**draw**

**drink**

**eight**

**fall**

**far**

**full**

**got**

**grow**

**hold**

**hot**

**hurt**

**if**

**keep**

**kind**

**laugh**

**light**

**long**

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

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

# Read the Words

Dolch Third grade · read each word aloud · sheet 2 of 2

**much**

**myself**

**never**

**only**

**own**

**pick**

**seven**

**shall**

**show**

**six**

**small**

**start**

**ten**

**today**

**together**

**try**

**warm**

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

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

# Sight Word Progress Tracker

Dolch Third grade · sheet 1 of 2

Date each column. Tick ✓ every word read right away, without sounding it out.

|    | WORD              | TEST 1<br>_/_            | TEST 2<br>_/_            | TEST 3<br>_/_            | TEST 4<br>_/_            |
|----|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1  | <b>about</b>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2  | <b>better</b>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3  | <b>bring</b>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4  | <b>carry</b>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5  | <b>clean</b>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6  | <b>cut</b>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7  | <b>done</b>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8  | <b>draw</b>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9  | <b>drink</b>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | <b>eight</b>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | <b>fall</b>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | <b>far</b>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | <b>full</b>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | <b>got</b>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | <b>grow</b>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | <b>hold</b>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | <b>hot</b>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | <b>hurt</b>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | <b>if</b>         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | <b>keep</b>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | <b>kind</b>       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | <b>laugh</b>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <b>Words read</b> | ___ / 41                 | ___ / 41                 | ___ / 41                 | ___ / 41                 |

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

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

# Sight Word Progress Tracker

Dolch Third grade · sheet 2 of 2

Date each column. Tick ✓ every word read right away, without sounding it out.

|            | WORD            | TEST 1<br>_/_            | TEST 2<br>_/_            | TEST 3<br>_/_            | TEST 4<br>_/_            |
|------------|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 23         | <b>light</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24         | <b>long</b>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25         | <b>much</b>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26         | <b>myself</b>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27         | <b>never</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28         | <b>only</b>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29         | <b>own</b>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30         | <b>pick</b>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31         | <b>seven</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32         | <b>shall</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33         | <b>show</b>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34         | <b>six</b>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35         | <b>small</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36         | <b>start</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37         | <b>ten</b>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38         | <b>today</b>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39         | <b>together</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40         | <b>try</b>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 41         | <b>warm</b>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Words read |                 | ___ / 41                 | ___ / 41                 | ___ / 41                 | ___ / 41                 |