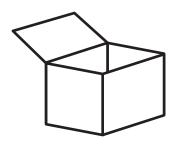
Name:_____

Date: _____

Missing Sound: Short Vowel Practice

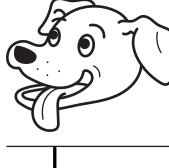
Fill in the missing short vowel for each of the words below.



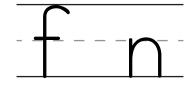


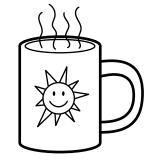


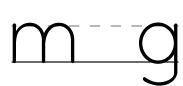




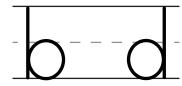














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