**Name: Date:**

**Spelling Practice**

***\*Use very good handwriting, and make sure you spell correctly.***

***Write your spelling words three times each.***



|  |  |  |  |
| --- | --- | --- | --- |
| **leaves** |  |  |  |
| **stem** |  |  |  |
| **roots** |  |  |  |
| **seeds** |  |  |  |
| **pollen** |  |  |  |
| **flower** |  |  |  |