Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fluency Practice – Week 10**

Please time your child for one minute each night. Record the number of words correct in the space below.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Said | Out | If | Some | Would | So | People | What | About | Play | 10 |
| Out | If | Some | Would | So | People | What | About | Play | Said | 20 |
| If | Some | Would | So | People | What | About | Play | Said | Out | 30 |
| Some | Would | So | People | What | About | Play | Said | Out | If | 40 |
| Would | So | People | What | About | Play | Said | Out | If | Some | 50 |
| So | People | What | About | Play | Said | Out | If | Some | Would | 60 |
| People | What | About | Play | Said | Out | If | Some | Would | So | 70 |
| What | About | Play | Said | Out | If | Some | Would | So | People | 80 |
| About | Play | Said | Out | If | Some | Would | So | People | What | 90 |
| Play | Said | Out | If | Some | Would | So | People | What | about | 100 |

|  |  |  |  |
| --- | --- | --- | --- |
| Monday WPM | Tuesday WPM | Wednesday WPM | Thursday WPM |
|  |  |  |  |

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_