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

**Fluency Practice**

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Them | Other | More | Will | Into | Your | Which | Do | People | Would | 10 |
| Other | More | Will | Into | Your | Which | Do | People | Would | Them | 20 |
| More | Will | Into | Your | Which | Do | People | Would | Them | Other | 30 |
| Will | Into | Your | Which | Do | People | Would | Them | Other | More | 40 |
| Into | Your | Which | Do | People | Would | Them | Other | More | Will | 50 |
| Your | Which | Do | People | Would | Them | Other | More | Will | Into | 60 |
| Which | Do | People | Would | Them | Other | More | Will | Into | Your | 70 |
| Do | People | Would | Them | Other | More | Will | Into | Your | Which | 80 |
| People | Would | Them | Other | More | Will | Into | Your | Which | Do | 90 |
| Would | Them | Other | More | Will | Into | Your | Which | Do | people | 100 |

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

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