

Spelling Test - 10 Words

Template 1 of 6

Large handwriting lines. Write one word on each numbered line.

Name _____ Date _____ Score _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Challenge words (optional) _____

Dictated sentence (optional) _____

Spelling Test - 12 Words

Template 2 of 6

Large handwriting lines. Write one word on each numbered line.

Name _____ Date _____ Score _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

Challenge words (optional) _____

Dictated sentence (optional)

Spelling Test - 15 Words

Template 3 of 6

Standard writing lines. Write one word on each numbered line.

Name _____ Date _____ Score _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Challenge words (optional) _____

Dictated sentence (optional)

Spelling Test - 20 Words

Template 4 of 6

Standard writing lines. Write one word on each numbered line.

Name _____ Date _____ Score _____

- | | |
|-----------|-----------|
| 1. _____ | 11. _____ |
| 2. _____ | 12. _____ |
| 3. _____ | 13. _____ |
| 4. _____ | 14. _____ |
| 5. _____ | 15. _____ |
| 6. _____ | 16. _____ |
| 7. _____ | 17. _____ |
| 8. _____ | 18. _____ |
| 9. _____ | 19. _____ |
| 10. _____ | 20. _____ |

Challenge words (optional) _____

Dictated sentence (optional)

Spelling Test - 25 Words

Template 5 of 6

Standard writing lines. Write one word on each numbered line.

Name _____ Date _____ Score _____

- | | |
|-----------|-----------|
| 1. _____ | 14. _____ |
| 2. _____ | 15. _____ |
| 3. _____ | 16. _____ |
| 4. _____ | 17. _____ |
| 5. _____ | 18. _____ |
| 6. _____ | 19. _____ |
| 7. _____ | 20. _____ |
| 8. _____ | 21. _____ |
| 9. _____ | 22. _____ |
| 10. _____ | 23. _____ |
| 11. _____ | 24. _____ |
| 12. _____ | 25. _____ |
| 13. _____ | |

Challenge words (optional) _____

Dictated sentence (optional)

Spelling Study List

Template 6 of 6

Write the assigned words, then use the check box during review.

Name		Date assigned		Test date		
1.			☐	14.		☐
2.			☐	15.		☐
3.			☐	16.		☐
4.			☐	17.		☐
5.			☐	18.		☐
6.			☐	19.		☐
7.			☐	20.		☐
8.			☐	21.		☐
9.			☐	22.		☐
10.			☐	23.		☐
11.			☐	24.		☐
12.			☐	25.		☐
13.			☐			