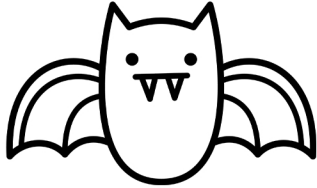


Silent e

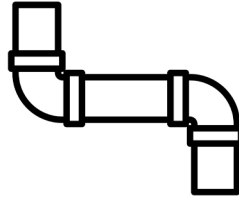
Check the box then write the word on the dotted line.

Name: _____

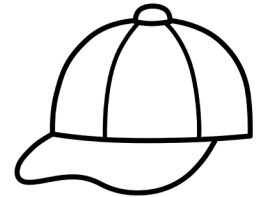
Date: _____



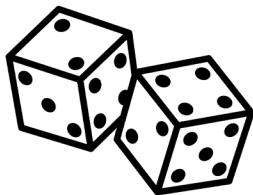
Silent e? ☐ yes ☐ no



Silent e? ☐ yes ☐ no



Silent e? ☐ yes ☐ no



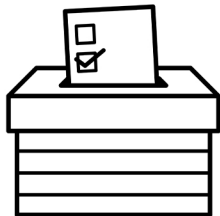
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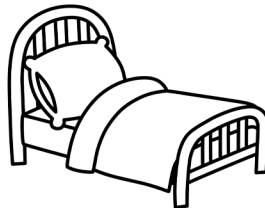
Silent e? ☐ yes ☐ no



Silent e? ☐ yes ☐ no



Silent e? ☐ yes ☐ no



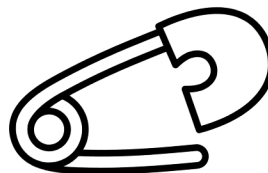
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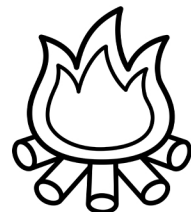
Silent e? ☐ yes ☐ no



Silent e? ☐ yes ☐ no



Silent e? ☐ yes ☐ no



Silent e? ☐ yes ☐ no