

Appendix

b	c	d	f	g	h	j
k	l	m	n	p	r	s
t	v	w	y	z	Y	J
qu	ch	sh	th	wh		
bl	cl	fl	gl	pl		
sl	br	cr	dr	fr		

gr	pr	tr	sc	sk
----	----	----	----	----

sm	sn	sp	st	sw
----	----	----	----	----

str	tw	qu	squ
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Vowel Pattern Cards

aid	ail	ain
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ait	ead	eak
-----	-----	-----

eal	eam	ean
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eat

eed

eek

eel

een

eep

eet

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oam

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oat

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oast

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arm

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arp

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or

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orm

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all

alk

aught	aw	awl
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aunch	ew	oice
-------	----	------

aunt	oil	oise
------	-----	------

ause	oist	oo
------	------	----

ood	ook	ool
-----	-----	-----

oom	oon	oop
-----	-----	-----

oost

oot

ooth

ouch

out

ow

ought

owl

ould

own

ound

ude

ouse

ue

a	a	a	a	a	e	e
e	e	e	e	e	e	i
i	i	o	o	o	o	o

it's

it is

she's

she is

he's

he is

that's

that is

what's

what is

who's

who is

you're

you are

we're

we are

they're	they are
I'm	I am
I'll	I will
we'll	we will
they'll	they will
you'll	you will
he'll	he will
she'll	she will

it'll	it will
didn't	did not
isn't	is not
aren't	are not
can't	can not
don't	do not
wasn't	was not
weren't	were not

hasn't	has not
haven't	have not
hadn't	had not
shouldn't	should not
couldn't	could not
wouldn't	would not
won't	will not
doesn't	does not

public

put

think

almost

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hand

enough

far

took

head

yet

government

system

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better

told

nothing

night

end

called

didn't

eyes

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going

asked

later

knew

point

next

program

city

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business

give

group

toward

young

days

let

room

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president

side

social

given

sense

present

several

order

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national

possible

second

face

rather

among

form

important

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often

things

looked

early

children

become

large

big

Hungry to Help p. 108

case

need

within

felt

along

best

church

saw

After the Storm p. 110

least

power

development

seemed

want

others

done

certain

Car Problems p. 112

light

began

different

door

APPLICATION FOR EMPLOYMENT**AN EQUAL OPPORTUNITY EMPLOYER**

In order for you to be considered for employment, this application must be filled out in its ENTIRETY.

All statements made by applicants for employment on this application form will be checked for accuracy.

First Name:	MI:	Last Name:
Street Address:		Apt. #
City/State/Zip Code:		
Phone Numbers:		DOB:
Position Applying For:		SSN: XXXXXX
Previous Job:		
Company Name:		
Supervisor Name:		Phone Number

I certify the facts set forth in my application are true and complete. I understand and agree that, if employed, any misrepresentation, false statements, or omission of facts on this application may result in dismissal.

Signature	Date
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Important Phone Numbers

Name:	Number:



Grocery List

**To Do
List**
