

Name: _____

Date: _____

MISSING Short Vowel

Fill the blanks.



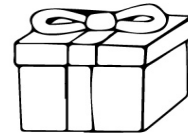
J T

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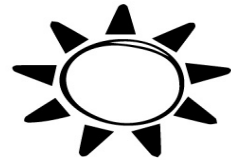
L P

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P B

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