

June 2018

Dear First Grade Families:

Welcome to First Grade! I am extremely excited for a year full of learning and fun.

All students should work on Teach Your Monster To Read and Zearn. Students should spend a total of 30 minutes on each site weekly.

When logging into Teach Your Monster to read, please use the following information:

Browser: Children must use <http://www.teachyourmonstertoread.com/u/1342863>

App: When logging in, set  (star code) to 1342863

When logging into Zearn.org, please use the following information:

<https://www.zearn.org>

Class Code: DT4P7U

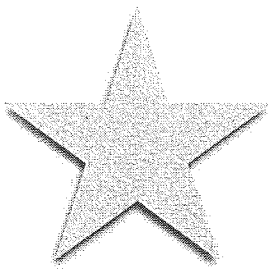
Log-in information is the same for both accounts. (Use all lowercase letters)

Login Name: firstname.olhc26

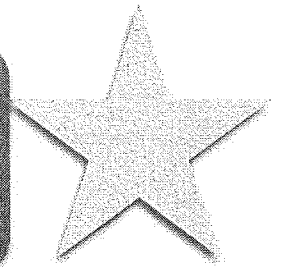
Username: olhc

I have attached a list of sight words/high-frequency words from both our reading series and Dolch Sight Words, Daily practice is important. Students should be able to recognize each high-frequency word.

Have a great summer!



1ST GRADE READYGEN
SIGHT WORDS
UNITS 4-6



Name: _____

Unit 4

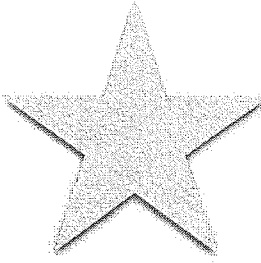
saw
down
day
of
could
from
eats
wanted
now
some
water
who
people
live
very
every
around
again
friends
ever
good
wants
come
there

Unit 5

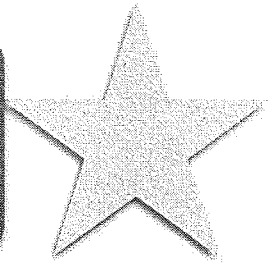
you're
you'll
our
about
enough
give
away
yellow
afraid
soon
how
above
laugh
were
would
wanted
thought
remember
again
were
other
there

Unit 6

school
remembers
great
ears
never
together
told
across
become
anything
of
learn
through
carry
today
water
love
color
does
find
everyone
behind



1ST GRADE READYGEN
SIGHT WORDS
UNITS 1-3



Name: _____

Unit 1

I
see
the
a
we
like
you
look
was
do
with
is
for
have
they

Unit 2

and
take
two
three
one
use
eats
her
here
he
likes
too
small
many
home

Unit 3

go
puts
into
are
tree
good
your
where
want
said
now
my
what
work
put
her
little
under
old
together
food

Dolch Sight Words

First Grade (41 words)

after
again
an
any
as
ask
by
could
every
fly
from
give
going
had
has
her
him
his
how
just
know

let
live
may
of
old
once
open
over
put
round
some
stop
take
thank
them
then
think
walk
were
when

Student Information

Please complete this form and return it in your child's folder on the first day of school.

Student's Full Name _____

Address _____

Birthdate _____

Mother's Name _____

Cell phone no. _____

Father's Name _____

Cell phone no. _____

Any allergies, medical or learning concerns _____

Dismissal instructions (check which one applies)

____ Bus Start date: _____

____ Walker Who will meet your child at dismissal? _____

Student interests, hobbies _____

Any additional information you would like to share _____