

Name: _____

Date: _____

MAP SOUNDS

Social Studies & Phonemic Awareness

Directions: Look at the map below. Read the label for each place. Say the word out loud. Color one box for each **sound** (phoneme) you hear in the word.

MY TOWN MAP



M A I N S T R E E T



HOME

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SHOP

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PARK

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ROAD

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SCHOOL

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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