

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



HOME



SCHOOL

MAIN STREET



PARK



SHOP



HOME

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SHOP

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PARK

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ROAD

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SCHOOL

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