










Name: \_\_\_\_\_

Date: \_\_\_\_\_

**BLENDING SOUNDS: COLOR BY CODE**

**Directions:** Say the word out loud. Listen for the middle vowel sound. Color the box matching the code below.

|  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> Short A = Red | <input type="checkbox"/> Short E = Blue | <input type="checkbox"/> Short I = Green | <input type="checkbox"/> Short O = Yellow | <input type="checkbox"/> Short U = Orange |
|--|---|--|---|---|

|  |  |  |
|--|--|--|
| <br><div>C _ T</div><br>( Short A )   | <br><div>W _ B</div><br>( Short E )   | <br><div>P _ G</div><br>( Short I )   |
| <br><div>F _ X</div><br>( Short O ) | <br><div>S _ N</div><br>( Short U ) | <br><div>B _ T</div><br>( Short A ) |
| <br><div>P _ N</div><br>( Short E ) | <br><div>F _ N</div><br>( Short I ) | <br><div>B _ X</div><br>( Short O ) |