

# Torah School

Name \_\_\_\_\_

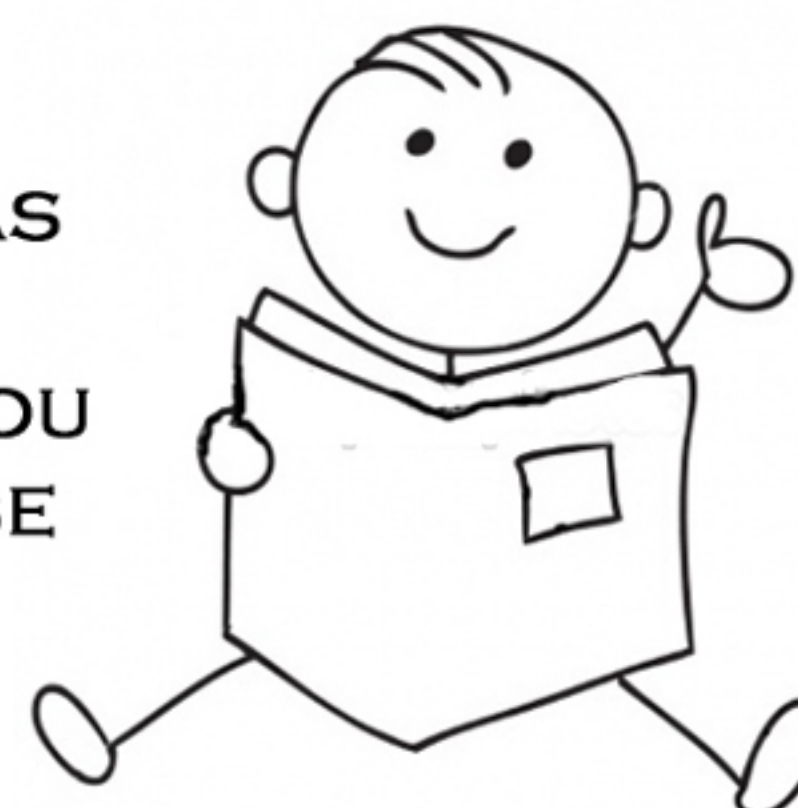
Date \_\_\_\_\_

## Lightning Words






READ ALL THE WORDS AS QUICKLY AS YOU CAN. RECORD YOUR TIME ON THE LINE. SEE HOW MUCH FASTER YOU CAN GET EACH DAY. YOU'LL SOON BE LIGHTNING FAST!



DAY 1 \_\_\_\_\_

DAY 2 \_\_\_\_\_

DAY 3 \_\_\_\_\_

DAY 4 \_\_\_\_\_

DAY 5 \_\_\_\_\_