

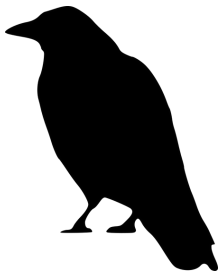
Name: _____

Date: _____

Diphthongs

Fill in the blanks with the right diphthongs.

oi oy ou ow oo ew aw au



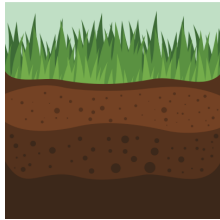
cr _ _



m _ _ use



j _ _



s _ _ l



str _ _



b _ _



st _ _



_ _ dio



w _ _ l