

Name: _____

Class: _____

Fill the gaps with the words in the box.

play colour sing draw ~~talk~~

1



Do you _____

at school?

Yes, I do.



2



Do you _____ at school?

Yes, I do.



3

Do you _____ at school?



Yes, I do.



4

Do you talk ?

Yes, I do.



5



Do you _____ ?

Yes, I do.

