

**D** Listen and (✓) the box. Practice. Ask and answer.  

What do you want to eat?

May I have cereal?

|                                                                                                                                |                                                                                                            |                                                                                                                      |                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <p>1</p>  <input checked="" type="checkbox"/> |  <input type="checkbox"/> | <p>2</p>  <input type="checkbox"/> |  <input type="checkbox"/> |
| <p>3</p>  <input type="checkbox"/>            |  <input type="checkbox"/> | <p>4</p>  <input type="checkbox"/> |  <input type="checkbox"/> |