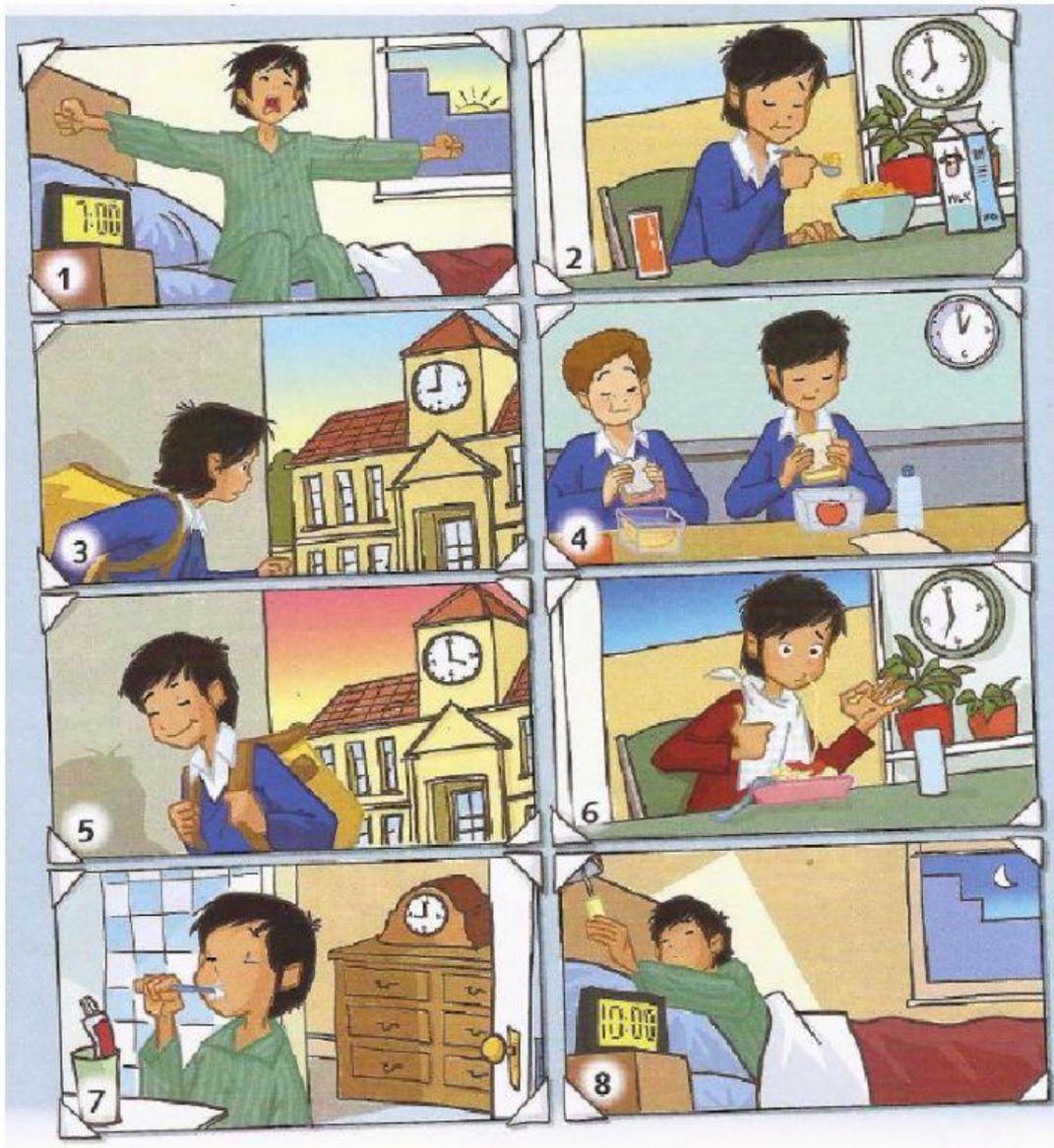


**LISTEN AND WRITE THE NUMBER.**



- |                                       |                                  |                          |                                     |
|---------------------------------------|----------------------------------|--------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> 4 | I HAVE LUNCH AT ONE O' CLOCK.    | <input type="checkbox"/> | I HAVE BREAKFAST AT EIGHT O' CLOCK. |
| <input type="checkbox"/>              | I GO TO BED AT TEN O' CLOCK.     | <input type="checkbox"/> | I GO HOME AT FOUR O' CLOCK.         |
| <input type="checkbox"/>              | I GO TO SCHOOL AT NINE O' CLOCK. | <input type="checkbox"/> | I BRUSH MY TEETH AT NINE O' CLOCK.  |
| <input type="checkbox"/>              | I GET UP AT SEVEN O' CLOCK.      | <input type="checkbox"/> | I HAVE DINNER AT SEVEN O' CLOCK.    |