Topic: Time

Date_____

WORK SHEET No. 1

Month_____

Competency: Understanding Basic Concept

1. Tick (✓) the activities you do in the morning:-




2. Tick (✓) the activities you do in the mid-day:-




3. Tick (✓) the activities you do in the evening




4. Tick (✓) the activities you do at night.





Teacher's sign **Parent's sign**