Can/ Can not

Names: _____ Date: _____

Instructions: Write the words in the appropriate column

-Stick my tongue out -Raise my eyebrows -Purse my lips -Jaw dropped

-Sideways glance -Beam -Frown -Squint -Wink -Smile -Pout

With my eyes **I can**... 	
Instructions: Complete the sentence. With my eyes **I can not** _____	
With my mouth **I can...** 	
Instructions: Complete the sentence With my mouth I can not _____	