Post-Test

Name : _____
Class : _____
Day/Date : _____

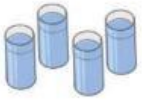
No.	Main Meal	Snack	Drink
1			
Name			
2			
Name			
3			
Name			

Move and drop pictures and names of foods and drinks below to the table alphabetically!








Orange Juice | Rice | Water
Hot Coffee | Dried Fish | Pudding
Banana Fritters | Fried Chicken | Fruit Salad