

Name _____

Diagnostic Test

Am I Ready for the Chapter?

Circle the time of day for each activity.

1. going to bed

morning afternoon evening

2. eating dinner

morning afternoon evening

Write the time.

3.



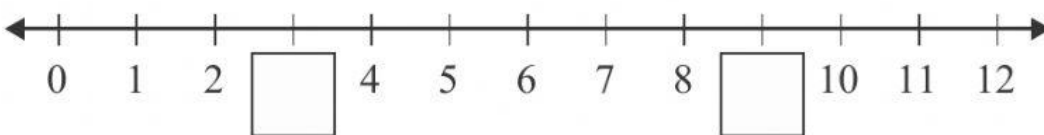
_____ o'clock

4.



Write the missing numbers.

5.



6. 5, _____, 15, _____, 25, _____, _____, 40, _____