ESLFLYWORKSHEETS

**Name:** _____

**Date:** _____/_____/_____

**Mark if you have tried any of these jobs at home:**

| | | | |
|---|---|---|---|
| **Setting the table** | **Cleaning** | **Laundry** | **Dishes** |
| **Helping with pets** | **Watering plants** | **Helping with yard work** | **Taking out the trash or recycling** |

**BONUS:**

**Type one of these jobs you would like to try!**

_____