

Name: \_\_\_\_\_

No. \_\_\_\_\_

**A. Name the pictures.**

coloring	watching TV	swimming
painting	riding a bicycle	



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_

**B. Answer and write.**



A: What are you doing?  
B: I'm \_\_\_\_\_.



A: What are you doing?  
B: I'm \_\_\_\_\_.



A: What are you doing?  
B: I'm \_\_\_\_\_.

