By: T.Peeraya Phetsiri

Name_____Class P.5/___ No. _____

Subject: English Topic: Do you have...? Date : _____

DO YOU HAVE..?

A **Look and write.**

Down ↓ Across →

1

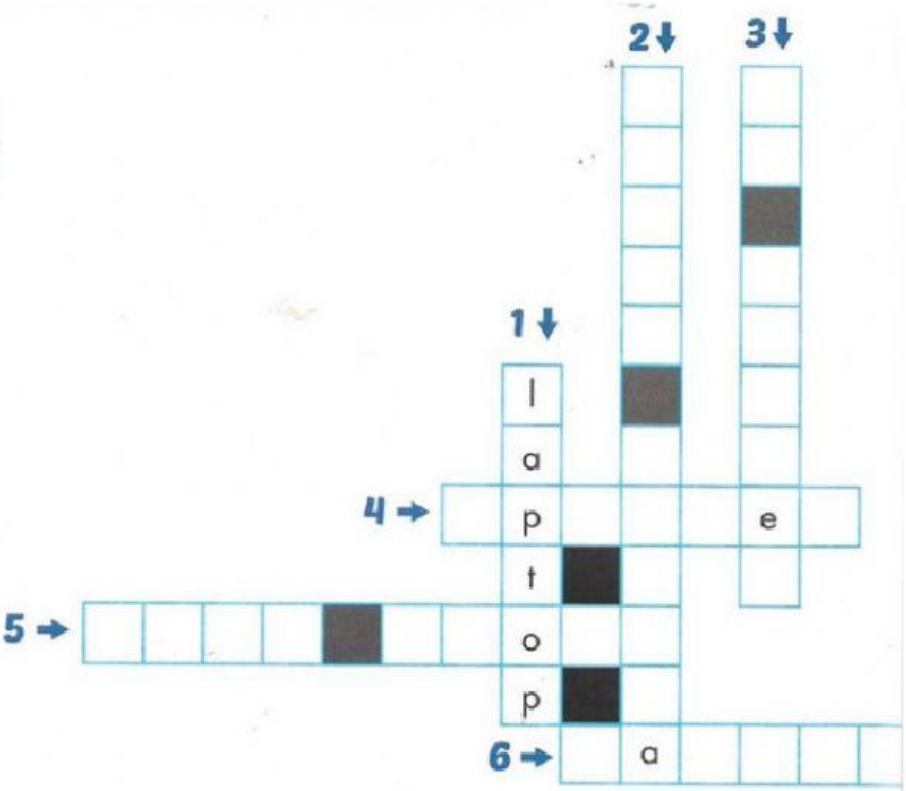
4

2

5

3

6



B **Read and draw lines.**

1 ✓

2 ✗

3 ✗

4 ✓

- Do you have a tablet? No, I don't.
- Do you have a speaker? Yes, I do.
- Do you have a CD player? Yes, I do.
- Do you have a cell phone? No, I don't.

LIVEWORKSHEETS