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

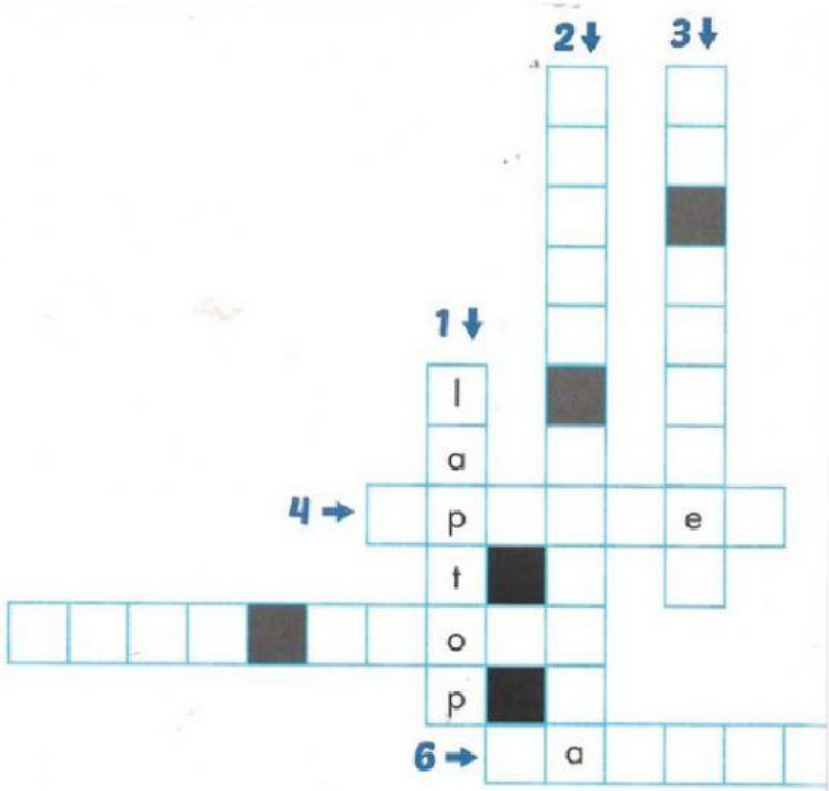
2

3

4

5

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