Story time

ARE YOU OK?

Name:.....

A.LOOK & NUMBER THE PICTURES. THEN LISTEN & CHECK.

B.LISTEN & WRITE. THEN ACT.

leg

LIVEWORKSHEETS

hand

Son: Ouch!

Dad: What's wrong?

Son: My _____hurts.

finger

Son:_____

Mom:_____

Son: _____

C. LOOK, WRITE AND ACT.

1 wrong
2 Are
3 Thanks
4 think
5 hurts
6 What's
~~7 Ouch~~
8 leg
9 OK
10 so

1.

Ouch!

7

2.

6 1

3.

My

8 5

4.

you

2 9

5.

I

4 10 3

LIVEWORKSHEETS