

Name _____



Listen, look and circle.



- 1 Yes, I have. / No, I haven't.
- 2 Yes, I have. / No, I haven't.
- 3 Yes, I have. / No, I haven't.
- 4 Yes, I have. / No, I haven't.
- 5 Yes, I have. / No, I haven't.
- 6 Yes, I have. / No, I haven't.

Read and write ✓ or X.



- | | | |
|---|----------|--------------------------|
| 1 | apples | <input type="checkbox"/> |
| 2 | bananas | <input type="checkbox"/> |
| 3 | carrots | <input type="checkbox"/> |
| 4 | cake | <input type="checkbox"/> |
| 5 | pizza | <input type="checkbox"/> |
| 6 | cheese | <input type="checkbox"/> |
| 7 | sausages | <input type="checkbox"/> |