Name: _____ Date: _____

PLAYTIME

Look, listen and complete.



1) I _____ play soccer.

2) I _____ _____.

3) _____ _____ jump _____.

4) _____ _____ _____ _____.

5) I can _____.

6) I can't _____.

7) _____ _____ ride a bike.

8) _____ can't _____.