

NAME:

DATE:

1. Listen and write:



Monday



Monday - Tuesday - Wednesday - Thursday

Friday - Saturday - Sunday

2. Look at the pictures and tick ( ):

YES

NO

1. On Monday I have cereal.

☐☐

2. On Tuesday I have pizza.

☐☐

3. On Wednesday I have cereal.

☐☐

4. On Thursday I have tomatoes.

☐☐

5. On Friday I have chicken.

☐☐

6. On Saturday I have cheese on toast.

☐☐

7. On Sunday I have ice cream.

☐☐

3. Complete and answer:

Do you like b \_ \_ \_ \_ \_ ? \_ \_ \_ \_ \_