

Name: _____

Date: _____

Routine

Look at the pictures and circle the correct words

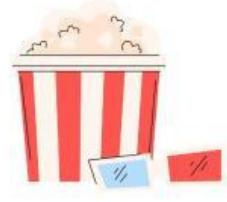
	<input type="checkbox"/> Wake up <input type="checkbox"/> Get dressed		<input type="checkbox"/> Watch TV <input type="checkbox"/> Cook dinner
	<input type="checkbox"/> Wash my face <input type="checkbox"/> Brush my teeth		<input type="checkbox"/> Play with my toys <input type="checkbox"/> Play video games
	<input type="checkbox"/> Get dressed <input type="checkbox"/> Get up		<input type="checkbox"/> Clean up <input type="checkbox"/> Water the plants
	<input type="checkbox"/> Do homework <input type="checkbox"/> Clean up		<input type="checkbox"/> Take a bath <input type="checkbox"/> Comb my hair
	<input type="checkbox"/> Have lunch <input type="checkbox"/> Have breakfast		<input type="checkbox"/> Have lunch <input type="checkbox"/> Have dinner

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Free time activities

Look at the pictures and circle the correct words

	<input type="checkbox"/> Playing videogames <input type="checkbox"/> Watching TV		<input type="checkbox"/> Playing cards <input type="checkbox"/> Playing board games
	<input type="checkbox"/> Reading <input type="checkbox"/> Singing		<input type="checkbox"/> Listening to music <input type="checkbox"/> Doing experiments
	<input type="checkbox"/> Playing the guitar <input type="checkbox"/> Playing the piano		<input type="checkbox"/> Painting <input type="checkbox"/> Dancing
	<input type="checkbox"/> Snowy <input type="checkbox"/> Gardening		<input type="checkbox"/> Doing magic tricks <input type="checkbox"/> Taking photographs
	<input type="checkbox"/> Reading <input type="checkbox"/> Writing		<input type="checkbox"/> Doing pottery <input type="checkbox"/> Watching a movie

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Free time activities

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