Name:		Date:	

SPEAKING Skill-Building | Sharing Information / Getting Things Done **CLB 3-4**

Describe my symptoms

Theme: **Healthy Living**

Instructions: Look at the symptoms pictures. Click the microphone to speak the sentences.

 1.	I _____ My _____	 7.	I _____ My _____
 2.	I _____ I _____	 8.	I _____ My _____
 4.	I _____ My _____	 9.	I _____ My _____
 5.	I _____ My _____	 6.	I _____ I _____ My _____