

Name: _____

Date: _____

Routine

Look at the pictures and circle the correct words

	<input type="checkbox"/> Get up <input type="checkbox"/> Get dressed		<input type="checkbox"/> Watch TV <input type="checkbox"/> Cook food
	<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 the house		<input type="checkbox"/> Take a bath <input type="checkbox"/> Take a shower
	<input type="checkbox"/> Have lunch <input type="checkbox"/> Have breakfast		<input type="checkbox"/> Have lunch <input type="checkbox"/> Have dinner