Test Unit 2

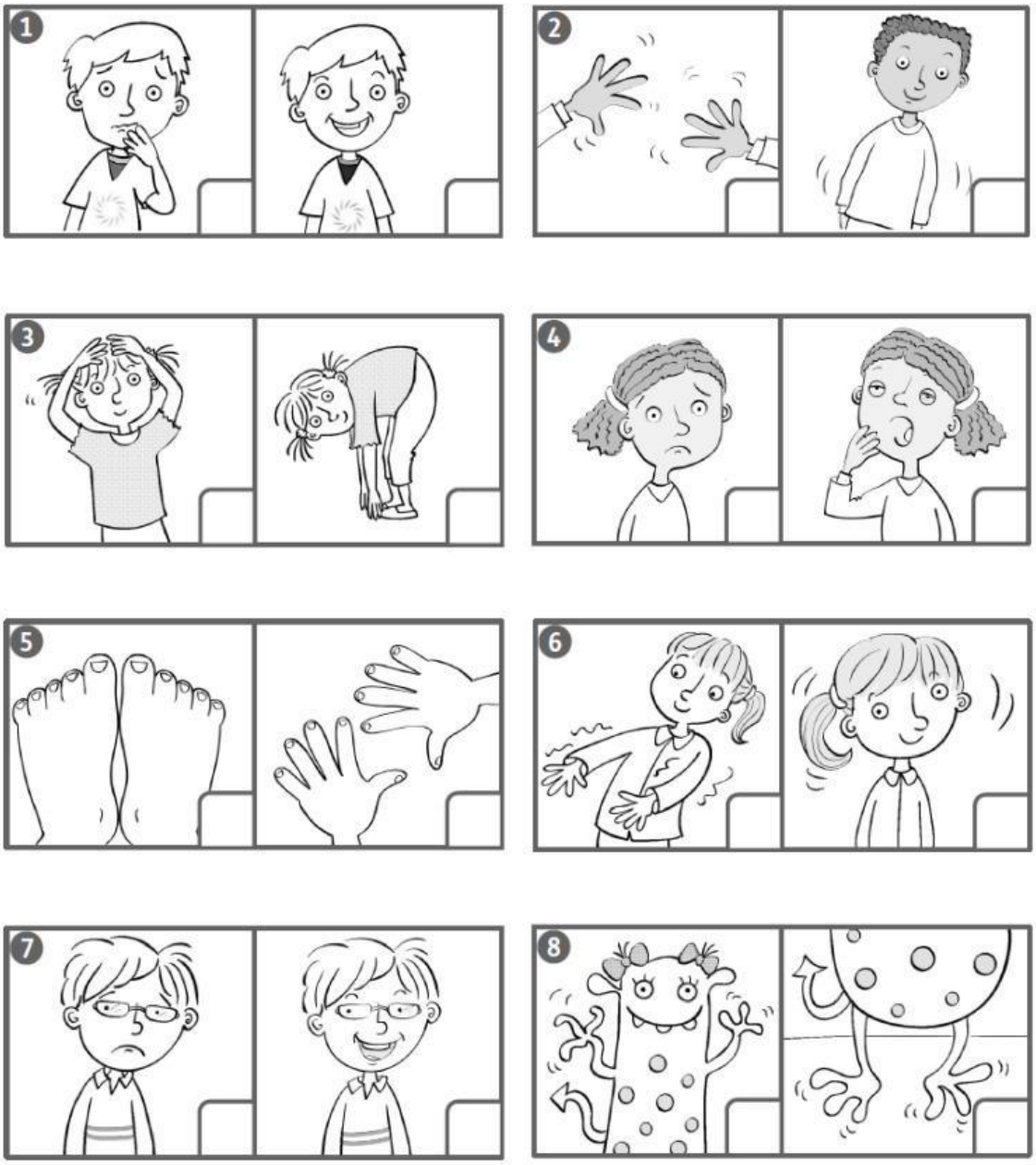
1

Name: _____

Date: _____

Listening

1. (L2) Listen and tick ✔.	/8



Reading

2. Read and circle.	/8

1 

I CAN TOUCH MY LEGS / HEAD.

I'M HAPPY / SAD.

2 

I CAN SHAKE MY BODY / HANDS.

I'M TIRED / WORRIED.

3 

I CAN MOVE MY FINGERS / TOES.

I'M WORRIED / SAD.

4 

I CAN STAMP MY LEGS / FEET.

I'M TIRED / HAPPY.

Writing

3. Look and write.	/8

HEAD	FEET	LEGS	ARMS
HAPPY	SAD	TIRED	WORRIED

1 

I CAN MOVE MY _____.

I'M _____.

2 

I CAN STAMP MY _____.

I'M _____.

3 

I CAN TOUCH MY _____.

I'M _____.

4 

I CAN SHAKE MY _____.

I'M _____.