

Day: _____

Date: _____

Name: _____

Circle TRUE of FALSE.

1. 😞 I can't touch my toes.

TRUE

FALSE

2. 😊 I can't stand on one leg.

TRUE

FALSE

3. 😞 I can swim.

TRUE

FALSE

4. 😊 I can skip.

TRUE

FALSE

5. 😞 I can ride a pony.

TRUE

FALSE

6. 😊 I can jump up high.

TRUE

FALSE

7. 😊 I can't dance.

TRUE

FALSE