

Name \_\_\_\_\_ Class P.5/\_\_\_\_ No. \_\_\_\_\_

Subject: English Topic: Do you have...? Date : \_\_\_\_\_

# DO YOU HAVE..?

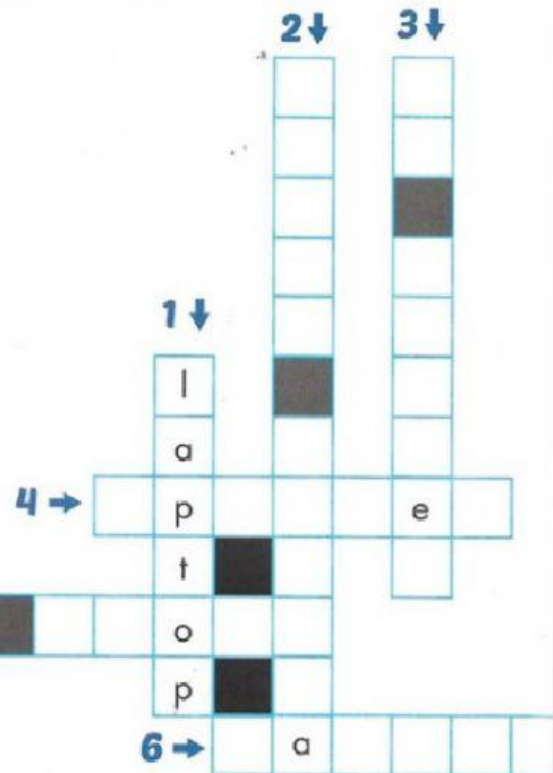
## A Look and write.

Down ↓

Across →



5 →



## B Read and draw lines.



Do you have a tablet?  
No, I don't.

Do you have a speaker?  
Yes, I do.

Do you have a CD player?  
Yes, I do.

Do you have a cell phone?  
No, I don't.