

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# WHAT IS THIS?

Tick the right answer.

	<input type="checkbox"/> lunch box <input type="checkbox"/> pencil sharpener
	<input type="checkbox"/> marker <input type="checkbox"/> paintbrush
	<input type="checkbox"/> scissors <input type="checkbox"/> glue stick
	<input type="checkbox"/> stapler <input type="checkbox"/> ruler
	<input type="checkbox"/> tape <input type="checkbox"/> notebook