

Name \_\_\_\_\_ Class \_\_\_\_\_ Number \_\_\_\_\_

## My Daily Routine

brush my hair   get dressed   go to school   have lunch   wake up   brush my teeth  
get up   take a shower   listen to music   do my homework   go home   have breakfast  
go to bed   wash my hands   have dinner   study   watch TV   walk the dog

Use the word from the box to label the pictures below.

1.



2.



3.



4.



5.



6.



7.



8.



9.



10.



11.



12.



13.



14.



15.

