

1

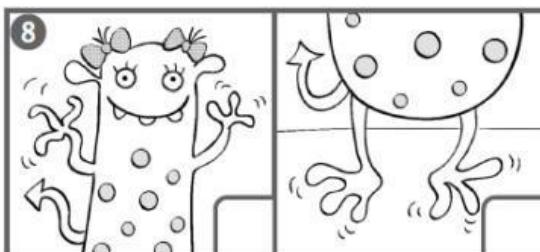
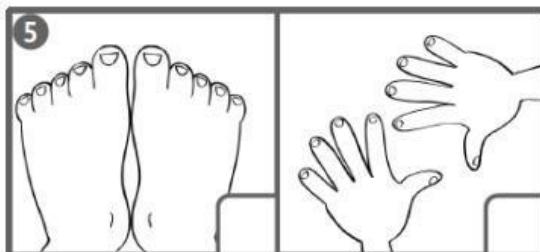
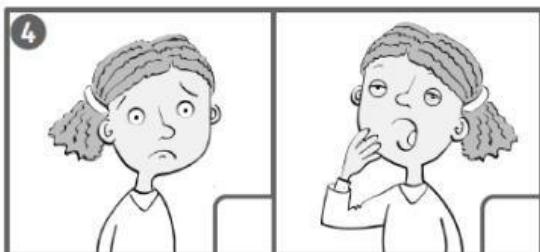
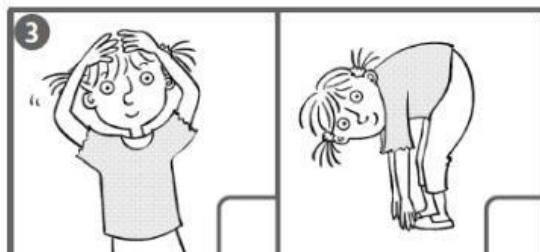
Name: _____

Date: _____

Listening

1. (L2) Listen and tick ✓.

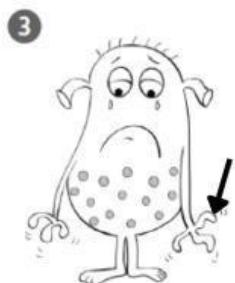
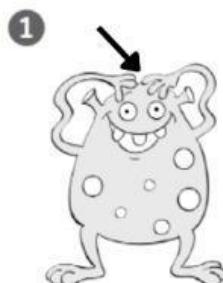
/8



Reading

2. Read and circle.

/8



I CAN TOUCH MY
LEGS / HEAD.

I'M HAPPY /
SAD.

I CAN SHAKE MY
BODY / HANDS.

I'M TIRED /
WORRIED.

I CAN MOVE MY
FINGERS / TOES.

I'M WORRIED /
SAD.

I CAN STAMP MY
LEGS / FEET.

I'M TIRED /
HAPPY.

Writing

3. Look and write.

/8

HEAD	FEET	LEGS	ARMS
HAPPY	SAD	TIRED	WORRIED



I CAN MOVE MY
_____.

I'M _____.



I CAN STAMP MY
_____.

I'M _____.



I CAN TOUCH MY
_____.

I'M _____.



I CAN SHAKE MY
_____.

I'M _____.