

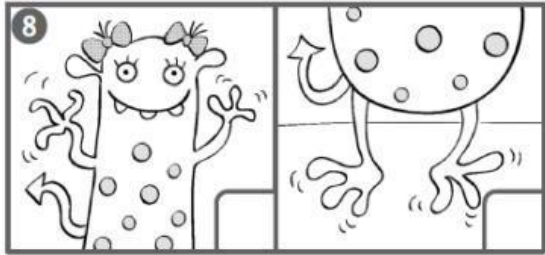
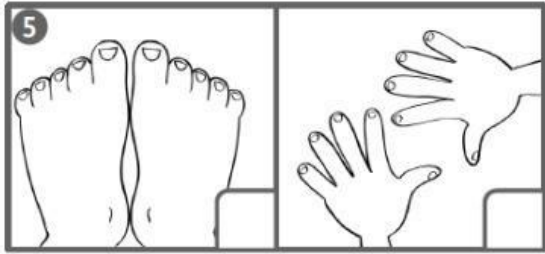
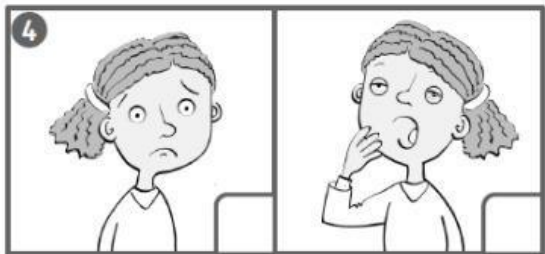
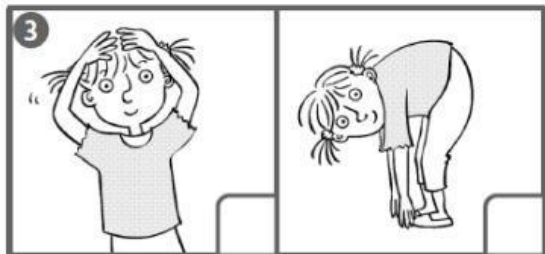
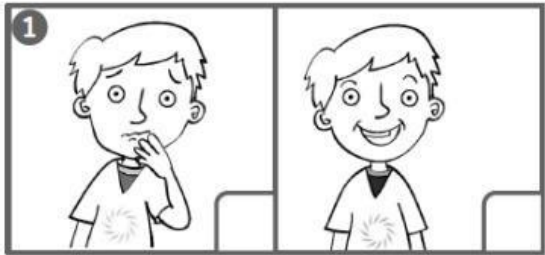
1

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

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

Listening

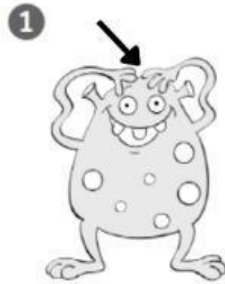
1. (L2) Listen and tick ✓.	/8
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Reading

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 \_\_\_\_\_.