First Name:	Last Name:			
Date:	C	Class:	Number:	
Name:				
Do you play	?	Yes, I do.	No, I don't.	
Do you like	?	Yes, I do.	No, I don't.	
Do you have		Yes, I do.		
Name:				
Do you play	?	Yes, I do.	No, I don't.	
Do you like	?	Yes, I do.	No, I don't.	
Do you have	?	Yes, I do.	No, I don't.	
Let's Write!				
1. a				
b				
C				
2. a				
b				
С				

First Name:		Last Name:	
Date:		Class:	
	ou?	3. Can you	ı?
Are you a	boy?	Can you	u swim?
Yes, I am.	No, I'm not.	Yes, I can.	No, I can't.
Are you	ı hungry?	Can you use	a computer?
Yes, I am.	No, I'm not.	Yes, I can.	No, I can't.
Are you fi	rom Sanjo?	Can you catch	n a cockroach?
Yes, I am.	No, I'm not.	Yes, I can.	No, I can't.
		Number:	
2. Do ye	ou?		ı?
•	ou? ike natto?	4. Did you	1? 1 TV yesterday?
•	ike natto? No, I don't.	4. Did you	
Do you l Yes, I do.	ike natto? No, I don't.	Did you watch Yes, I did.	No, I didn't.
Do you l Yes, I do.	ike natto? No, I don't. ave a pet?	Did you watch Yes, I did.	TV yesterday?
Do you l Yes, I do. Do you h	ike natto? No, I don't.	Did you watch Yes, I did. Did you study En	No, I didn't. nglish yesterday?
Do you l Yes, I do. Do you h Yes, I do.	ike natto? No, I don't. ave a pet?	Did you watch Yes, I did. Did you study En Yes, I did.	No, I didn't. nglish yesterday?

First Name:	Last Name:		
Date:	Class:	Number:	
What are you doing?			
cooking			
listening to music			
running			
watching TV			
swimming			
playing soccer			

Let's Write!

1.	
2.	
3.	
4.	
5.	
6	

First Na	me:		Last Name:	
Date: _			Class:	Number:
	favorite color:			-
	favorite animal:			-
	favorite subject:			-
	favorite sport:			-
	favorite TV progra	ım:		
	favorite day:			_

What's your **favorite color**?

Name	Color