






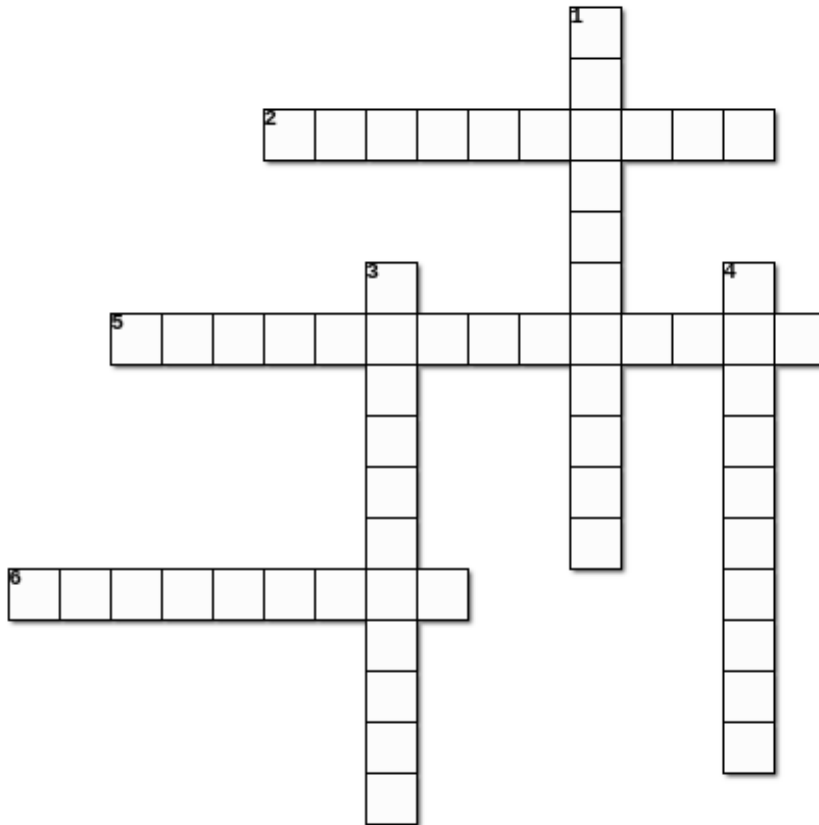


Name: _____ Surname: _____ N ^{ber} : _____ Grade/Class: _____			
Assessment: _____	Date: _____		
 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Teacher's signature: _____</td> <td style="width: 50%;">Parent's signature: _____</td> </tr> </table>	Teacher's signature: _____	Parent's signature: _____
Teacher's signature: _____	Parent's signature: _____		

1. Complete the crossword.

Name: _____

HOURS
Complete the crossword.



Created using the Crossword Maker on TheTeachersCorner.net

Horizontal

- 2. FOUR O'CLOCK
- 5. QUARTER PAST SIX
- 6. TEN O'CLOCK

Vertical

- 1. HALF PAST ONE
- 3. NINE O'CLOCK
- 4. NINE O'CLOCK