






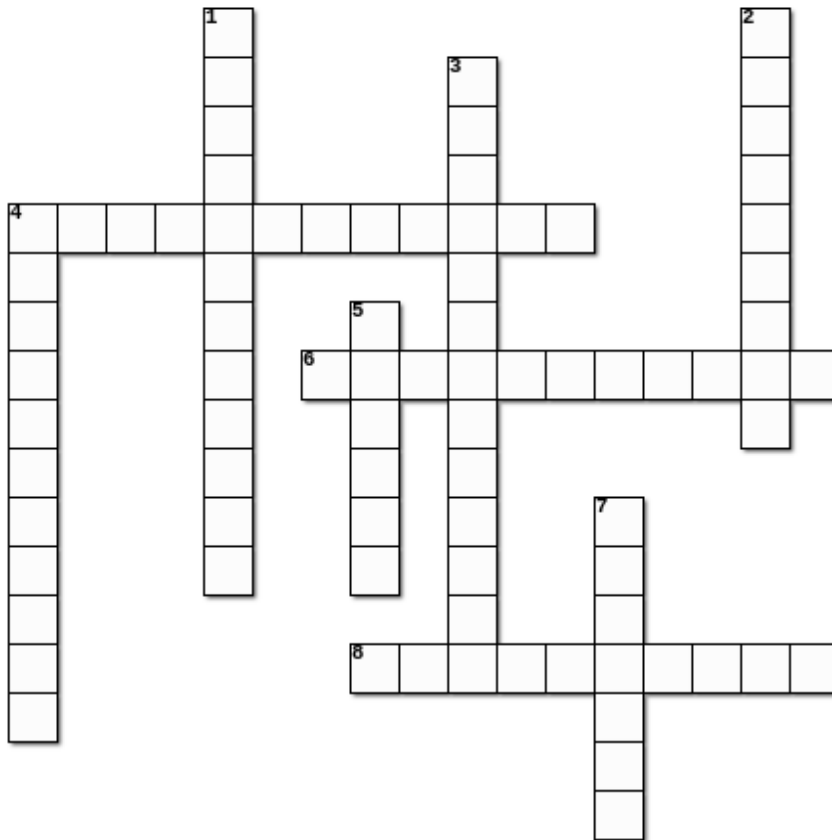


Name: _____ Surname: _____ N ^{ber} : _____ Grade/Class: _____			
Assessment: _____	Date: _____		
 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <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 daily routine crossword.

MY DAILY ROUTINE

Complete the crossword



Vertical

- 1. DO MY HOMEWORK
- 2. GO TO SLEEP
- 3. HAVE BREAKFAST
- 4. BRUSH MY HAIR
- 5. WAKE UP
- 7. WATCH TV

Horizontal

- 4. BRUSH MY TEETH
- 6. HAVE A SHOWER
- 8. GO TO SCHOOL

Created using the Crossword Maker on TheTeachersCorner.net