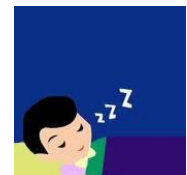


**Topic: Time**

Date \_\_\_\_\_

**WORK SHEET No. 1**

Month \_\_\_\_\_

**Competency: Understanding Basic Concept**1. Tick ( ☒ ) the activities you do in the morning:-2. Tick ( ☒ ) the activities you do in the mid-day:-3. Tick ( ☒ ) the activities you do in the evening4. Tick ( ☒ ) the activities you do at night.

Teacher's sign

Parent's sign