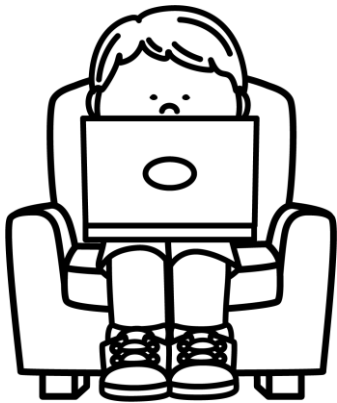


NAME _____ CLASS _____ DATE _____



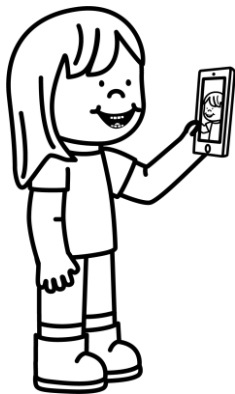
LISTEN TO THE TEACHER AND COLOUR YES OR NO



1
YES
NO



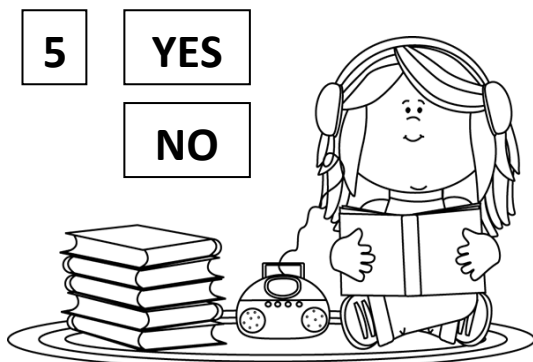
2
YES
NO



3
YES
NO



4
YES
NO



5
YES
NO



6
YES
NO



7
YES
NO



8
YES
NO