

Name: _____

Date: _____

Actions

Fly

Fly

Run

Run

Read

Read

Go

Go

Draw

Draw

Wash

Wash

Clap

Clap

Smile

Smile

Count

Count

Cry

Cry

Sleep

Sleep

Jump

Jump

Eat

Eat

Smell

Smell

Put on

Put on

Take off

Take off

Throw

Throw

Walk

Walk