

Name _____ Class _____ Date _____

1 Circle the correct options.

- I was stung / bitten by a bee yesterday.
- Phoebe tripped / slipped over your books on the floor!
- Berat sprained / burned his ankle while he was running.
- Be careful with the knife or you'll break / cut your finger!
- I bruised / slipped on the floor because it was wet.
- David hit / sprained his head on the ceiling.
- I bruised / slipped my knee when I fell.
- My friend's cat sprained / scratched me when I touched it.

2 Mark (✓) the sentences if the underlined verbs are correct. Put X if they are incorrect.

- Luke fell off his bike. ☒
- I burned my hand because the plate was hot. ☐
- Charlotte was stung by a mosquito last night. ☐
- Liam broke his leg while he was skiing. ☐
- I bruised my hand in the fire. ☐
- Don't trip over the ball on the floor! ☐
- Hira sprained her mouth because the food was hot. ☐
- I hit my head on the floor when I fell. ☐

LEARN TO LEARN

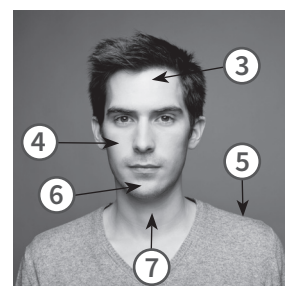
3 Circle the best options.

- I was stung by a bee in the yard / in the subway.
- Max fell off his bicycle in his bedroom / in the park.
- Mia broke her leg while she was skiing in the mountains / along the street.
- I cut my finger on a glass in the clothing store / in the kitchen.
- Paul hit his head on the ceiling in my house / in the street.
- Emily tripped over a chair in the living room / in the bathroom.

4 Circle six more parts of the body.

T	E	E	T	H	C
I	L	V	O	E	H
C	B	E	E	R	E
H	O	T	H	E	S
I	W	R	I	S	T
N	K	N	E	E	Y

5 Look at the photos and circle the correct options.



- toe / elbow
- chest / heel
- wrist / forehead
- cheek / mouth
- teeth / shoulder
- forehead / chin
- neck / knee

6 Put the parts of the body in order, starting from the top (1) of the body to the bottom (8).

- | | | |
|---|----------|--------------------------|
| a | cheek | <input type="checkbox"/> |
| b | chest | <input type="checkbox"/> |
| c | chin | <input type="checkbox"/> |
| d | forehead | <input type="checkbox"/> |
| e | heel | <input type="checkbox"/> |
| f | knee | <input type="checkbox"/> |
| g | neck | <input type="checkbox"/> |
| h | shoulder | <input type="checkbox"/> |