







Cough syrup

Band aid

Pills

Ointment

Cream

drops

Shot

aspirin



cream
☐

shot
☐

pills
☐

drops
☐



drops
☐

pills
☐

cream
☐

shot
☐



cream
☐

shot
☐

pills
☐

drops
☐



drops
☐

pills
☐

cream
☐

shot
☐



ointment
☐

cough
☐

band aid
☐

aspirin
☐



band aid
☐

aspirin
☐

cough
☐

ointment
☐



ointment
☐

cough
☐

band aid
☐

aspirin
☐



band aid
☐

aspirin
☐

cough
☐

ointment
☐

Spelling Words	Copy	Write
in		
din		
kin		
kit		
kid		

Spelling Words	Copy	Write
in		
din		
kin		
kit		
kid		

Name: _____

Circle

1. in kin din

2. kid kin kit

3. din dit dik

Write. 

1. _

2. _

3. _

Write. 

1. _ _

2. _ i _

3. _ i _

4. _ i _

5. _ i _


Name: _____

Circle

1. in kin din

2. kid kin kit


3. din dit dik

Write. 

1. _

2. _

3. _

Write. 

1. _ _

2. _ i _

3. _ i _

4. _ i _

5. _ i _

Name: _____

Circle

1. in kin din

2. kid kin kit

3. din dit dik

Write. 

1. _

2. _

3. _

Write. 

1. _ _

2. _ _ _

3. _ _ _

4. _ _ _

5. _ _ _


Name: _____

Circle

1. in kin din

2. kid kin kit


3. din dit dik

Write. 

1. _

2. _

3. _

Write. 

1. _ _

2. _ _ _

3. _ _ _

4. _ _ _

5. _ _ _



1. What is this?

- ☐ A. aspirin
- ☐ B. band aid
- ☐ C. ointment
- ☐ D. cough medicine



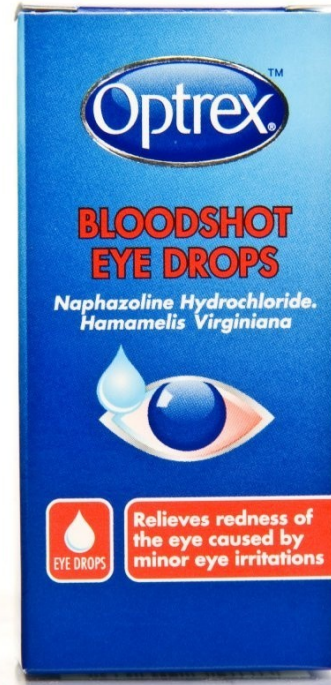
2. What is this?

- ☐ A. shot
- ☐ B. cough medicine
- ☐ C. pills
- ☐ D. eye drops



3. What is this?

- Ⓐ. cream
- Ⓑ. band aid
- Ⓒ. ointment
- Ⓓ. aspirin



4. What is this?

- Ⓐ. eye drops
- Ⓑ. cough medicine
- Ⓒ. shot
- Ⓓ. ointment



Buying Medicine



My leg hurts.



I don't need cough syrup.



I don't need cream.



I don't need band aids.



I don't need eye drops.



My leg hurts.



I don't need ointment.



I need aspirin.



What do I need?



You need _____.

1.



2.



3.



4.



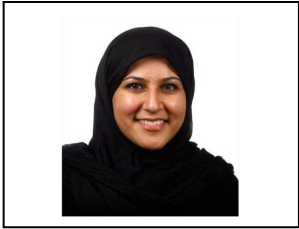
5.



6.



Name: _____ Date: _____



What do I need?

Name	You need _____.

Name: _____ Date: _____



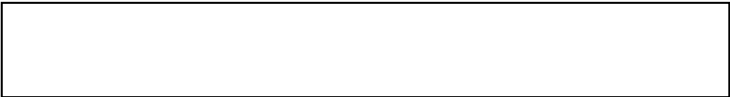
What do I need?

Name	You need _____.



Buying Medicine





I need aspirin.
I don't need band aids.
I don't need ointment.
I don't need cough syrup.
My leg hurts.
I don't need cream.
I don't need eye drops.
My leg hurts.

I need aspirin.
I don't need band aids.
I don't need ointment.
I don't need cough syrup.
My leg hurts.
I don't need cream.
I don't need eye drops.
My leg hurts.

I need aspirin.
I don't need band aids.
I don't need ointment.
I don't need cough syrup.
My leg hurts.
I don't need cream.
I don't need eye drops.
My leg hurts.

I need aspirin.
I don't need band aids.
I don't need ointment.
I don't need cough syrup.
My leg hurts.
I don't need cream.
I don't need eye drops.
My leg hurts.



Buying Medicine



My leg hurts.



I don't need _____.



I don't need _____.



I don't need _____.



I don't need _____.



I don't need _____.



My leg hurts.



I need _____.

aspirin
band aids
ointment
cough syrup
cream
eye drops

aspirin
band aids
ointment
cough syrup
cream
eye drops

aspirin
band aids
ointment
cough syrup
cream
eye drops

aspirin
band aids
ointment
cough syrup
cream
eye drops

Name: _____ Date: _____

1. My leg hurts.	Yes	Yes
------------------	-----	-----

2. I need cream.	Yes	No
------------------	-----	----

3. I don't need aspirin.	Yes	No
--------------------------	-----	----

4. I need aspirin.	Yes	No
--------------------	-----	----

5. I need band aids.	Yes	No
----------------------	-----	----

6. I don't need eye drops.	Yes	No
----------------------------	-----	----

Name: _____ Date: _____

1. My leg hurts.	Yes	Yes
------------------	-----	-----

2. I need cream.	Yes	No
------------------	-----	----

3. I don't need aspirin.	Yes	No
--------------------------	-----	----

4. I need aspirin.	Yes	No
--------------------	-----	----

5. I need band aids.	Yes	No
----------------------	-----	----

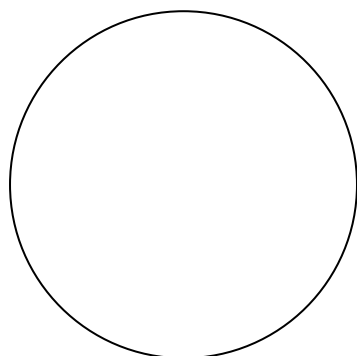
6. I don't need eye drops.	Yes	No
----------------------------	-----	----

Name: _____

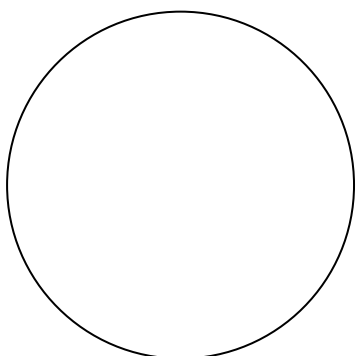
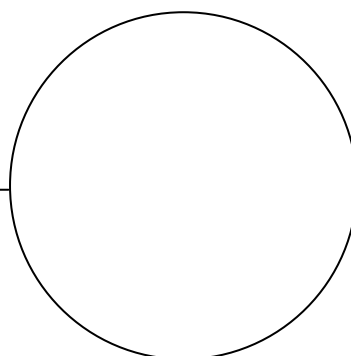
Date: _____

Who?

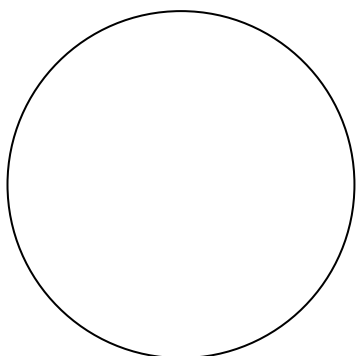
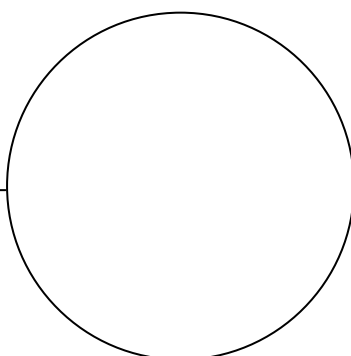
What?



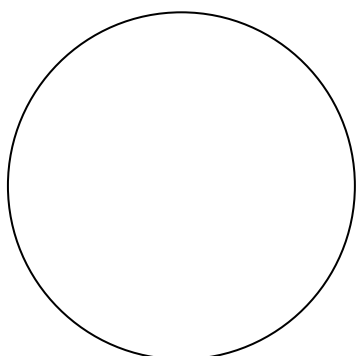
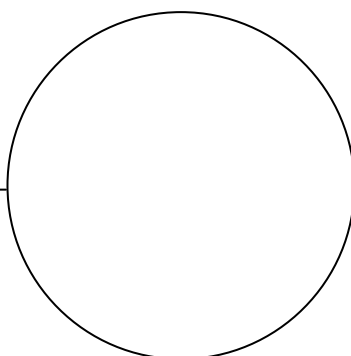
needs



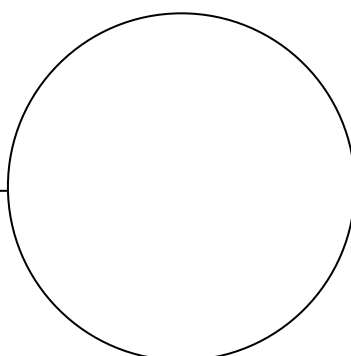
needs



needs



needs





Name: _____

Circle

1. I don't my

2. my don't I

3. don't I my

Write.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Name: _____

Circle

1. I don't my

2. my don't I

3. don't I my

Write.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____