

Name _____ **Following Directions**



Following Directions

DIRECTIONS: Read what is in the last column. If you have ever done it, circle the words in the third column. If you have never done it, circle NO in the second column.

- | | | | | |
|-------|-----|-----|----|------------------------------|
| _____ | 1. | YES | NO | made cupcakes |
| _____ | 2. | YES | NO | ridden a donkey |
| _____ | 3. | YES | NO | eaten a starfruit |
| _____ | 4. | YES | NO | climbed a mountain |
| _____ | 5. | YES | NO | traveled on an airplane |
| _____ | 6. | YES | NO | traveled by train |
| _____ | 7. | YES | NO | used watercolors |
| _____ | 8. | YES | NO | gotten ink on your fingers |
| _____ | 9. | YES | NO | played baseball |
| _____ | 10. | YES | NO | played an instrument |
| _____ | 11. | YES | NO | cooked a meal |
| _____ | 12. | YES | NO | bought something by yourself |
| _____ | 13. | YES | NO | earned money |

