NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THUMBS UP OR DOWN?**

Look at each picture. Is the activity something that you enjoy?

Decide and then circle THUMBS UP or THUMBS DOWN.

|  |  |
| --- | --- |
| **Do you enjoy this activity?** | |
|  |  |
|  |  |
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|  |  |