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?** |
|  |  |
|  |  |
|  |  |
|  |  |