ACTIVITY 3

I Can Help My Tonsils Do Their Job

Choose a word from the box for each sentence. Use the first letter as a clue.

eat  tired  habit

look  big

play  sleep

1. Something I do each day is a h ____ ____ ____.
2. I try to get good s ____ ____ ____.
3. I p ____ ____ ____ every day.
4. I tell my parent when I feel t ____ ____ ____.
5. I tell my parent if it is hard to swallow or e ____ ____.
6. I check my tonsils to see how they l ____ ____ ____.
7. I tell my parent if my tonsils are b ____ ____.