



Inglés III

Entrega Unidad I y II

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Grado: 3 Cuatrimestre

WORKBOOK

1 Months and dates

A Put the months in the box in time order.

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> April    | <input checked="" type="checkbox"/> January | <input checked="" type="checkbox"/> May       |
| <input checked="" type="checkbox"/> August   | <input checked="" type="checkbox"/> July    | <input checked="" type="checkbox"/> November  |
| <input type="checkbox"/> December            | <input checked="" type="checkbox"/> June    | <input checked="" type="checkbox"/> October   |
| <input checked="" type="checkbox"/> February | <input checked="" type="checkbox"/> March   | <input checked="" type="checkbox"/> September |

- |                    |                  |                     |
|--------------------|------------------|---------------------|
| 1. <u>January</u>  | 5. <u>May</u>    | 9. <u>September</u> |
| 2. <u>February</u> | 6. <u>June</u>   | 10. <u>October</u>  |
| 3. <u>March</u>    | 7. <u>July</u>   | 11. <u>November</u> |
| 4. <u>April</u>    | 8. <u>August</u> | 12. <u>December</u> |

B When are the seasons in your country? Write the months for each season.



- March  
April  
May



- June  
July  
August



- September  
October  
November



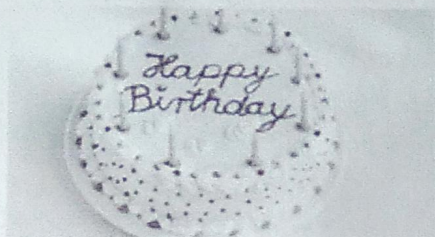
- December  
January  
February

C Write each date a different way.

- |                 |                         |                  |                                |
|-----------------|-------------------------|------------------|--------------------------------|
| 1. January 11th | <u>January eleventh</u> | 5. July 24th     | <u>July Twenty fourth</u>      |
| 2. March 15th   | <u>March fifteenth</u>  | 6. May 10th      | <u>May Tenth</u>               |
| 3. November 1st | <u>November first</u>   | 7. February 2nd  | <u>February Second</u>         |
| 4. August 16th  | <u>August Sixteenth</u> | 8. December 27th | <u>December Twenty seventh</u> |

**7** Are you going to do anything special on these holidays or special occasions? Write sentences. Use the phrases in the box or your own information.

- |                     |                    |                      |
|---------------------|--------------------|----------------------|
| dance               | go to a parade     | sing songs           |
| eat special food    | go to a restaurant | stay home            |
| give gifts          | have a party       | stay out late        |
| go on a picnic      | play games         | watch fireworks      |
| go out with friends | play music         | wear special clothes |



1. Your next birthday

I'm not going to have a party. I'm going to go to a restaurant with my friends, but we're not going to stay out late.

2. Your best friend's birthday

go to a restaurant  
have a party  
give gifts.



3. New Year's Eve

Stay out late  
Watch fireworks.  
Wear special clothes

4. New Year's Day

go out with friends.  
Stay home.  
go on a picnic.



5. Valentine's Day

Give gifts.  
play music  
go to a restaurant

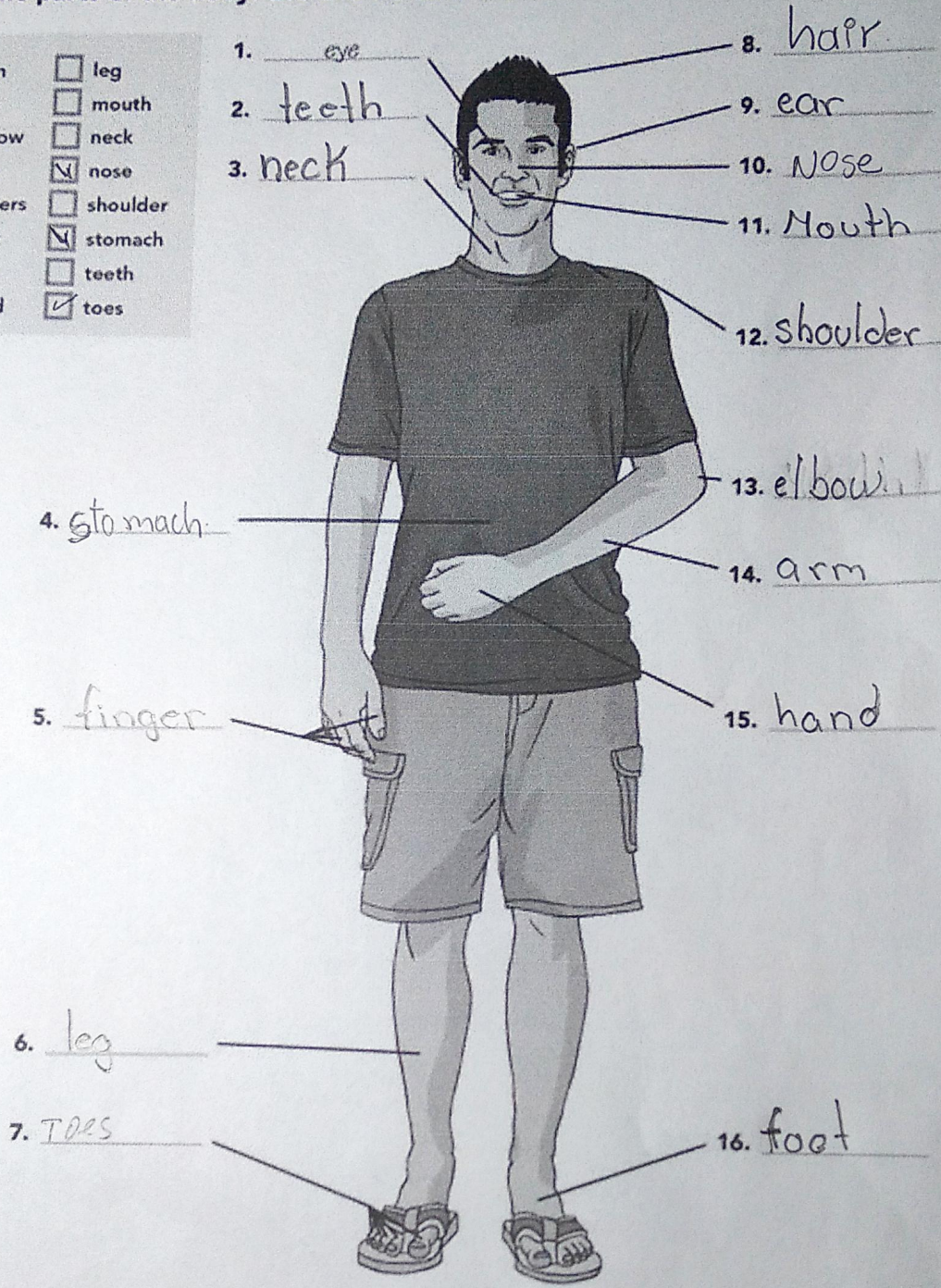
6. The last day of class

Have a party  
eat special food  
go on a picnic.

WORKBOOK

1 Label the parts of the body. Use the words in the box.

- |  |   |
|--|---|
| <input type="checkbox"/> arm             | <input type="checkbox"/> leg                |
| <input type="checkbox"/> ear             | <input type="checkbox"/> mouth              |
| <input type="checkbox"/> elbow           | <input type="checkbox"/> neck               |
| <input checked="" type="checkbox"/> eye  | <input checked="" type="checkbox"/> nose    |
| <input type="checkbox"/> fingers         | <input type="checkbox"/> shoulder           |
| <input type="checkbox"/> foot            | <input checked="" type="checkbox"/> stomach |
| <input checked="" type="checkbox"/> hair | <input type="checkbox"/> teeth              |
| <input type="checkbox"/> hand            | <input checked="" type="checkbox"/> toes    |



**7** Write two pieces of advice for each problem.

- |                                    |   |
|------------------------------------|---|
| 1. I have a sore throat.           | Don't go to work today. Drink some chamomile tea. |
| 2. I have a toothache.             | Consult the doctor                                |
| 3. I have a cough. <i>Tus</i>      | Drink lots of liquids.                            |
| 4. I have a cold. <i>y esfer</i>   | Drink lots of liquids and rest.                   |
| 5. I have a stomachache.           | Consult the doctor and do your medicine           |
| 6. I have a headache. <i>cebra</i> | Drink cold liquids.                               |
| 7. I have the flu. <i>quid</i>     | Continue with your medications                    |
| 8. I have a fever. <i>gubre</i>    | Get rest, fluids and medications.                 |

**8** Health survey

A How healthy and happy are you?  
Complete the survey.

How often do you ... ?

	Often	Sometimes	Hardly ever	Never
get a headache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
get an earache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
get a cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get the flu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a stomachache	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stay up late	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feel sleepy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
get a fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B Write four sentences about your health. Use the information from the survey in part A.

Examples:

I sometimes stay up late, but I hardly ever feel sleepy.

I hardly ever get a cold or the flu.

- I sometimes get a stomachache
- I hardly ever stay up late
- I sometimes feel sleepy
- I hardly ever get an earache